DOCUMENT RESUME

ED 470 318 PS 030 830

TITLE	Northwest CT DCF/Head Start Collaboration: A Head Start-Child Welfare Partnership Description, Results and Recommendations [and] A Protocol for Working Together.
INSTITUTION	Connecticut Head Start State Collaboration Office, Hartford.
PUB DATE	2002-04-00
NOTE	109p.
AVAILABLE FROM	Connecticut Collaboration for Young Children, Office of Community Relations and Public Affairs, Commissioner's Office, 25 Sigourney Street, Hartford, CT 06106. Tel: 860-424-5066; Fax: 860-424-4960.
PUB TYPE	Reports - Evaluative (142) -- Tests/Questionnaires (160)
EDRS PRICE	EDRS Price MF01/PC05 Plus Postage.
DESCRIPTORS	*Agency Cooperation; *Child Welfare; Interprofessional Relationship; *Partnerships in Education; Pilot Projects; *Preschool Children; *Preschool Education; Pretests Posttests; Program Descriptions; Program Evaluation
IDENTIFIERS	*Connecticut; *Project Head Start

ABSTRACT

This document contains a report describing a collaborative initiative involving the regional office and two sub-offices of the Connecticut Department of Children and Families (DCF) and four Head Start programs in northwest Connecticut that resulted in positive outcomes for children and families, agency staff, and their communities. Also included is a manual detailing the protocol used. The report describes the initiative and the process of creating, implementing, and evaluating a protocol, a set of strategies for better working together. The report summarizes results of the pilot year and offers recommendations for continuing and expanding the initiative. Individual offices collected data reflecting the frequency of contact on selected indicators for 3 months prior to starting the pilot phase and for 3 months following the pilot phase. Agency staff completed pre- and post-pilot surveys regarding their perceptions of one another's program and their level of contact. "Story" forms were used to record narrative data on particularly positive or challenging experiences. Nearly all data indicated increased staff knowledge about one another's programs and increased contact in a variety of areas. Community reports and stories provided detailed accounts of knowledge and contact and helped identify areas where additional attention is needed. Attachments to the report include an outline of agency dialogue and staff surveys. The protocol manual details collaboration plans regarding identification and reporting of child abuse/neglect, communication in open DCF investigations, treatment planning and case management, child placement, DCF referrals to Head Start, and agency planning. Appendices to the manual include sample forms, Head Start regulations, and DCF policies. (KB)

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Northwest CT DCF/Head Start Collaboration: A Head Start-Child Welfare Partnership Description, Results and Recommendations [and] A Protocol for Working Together

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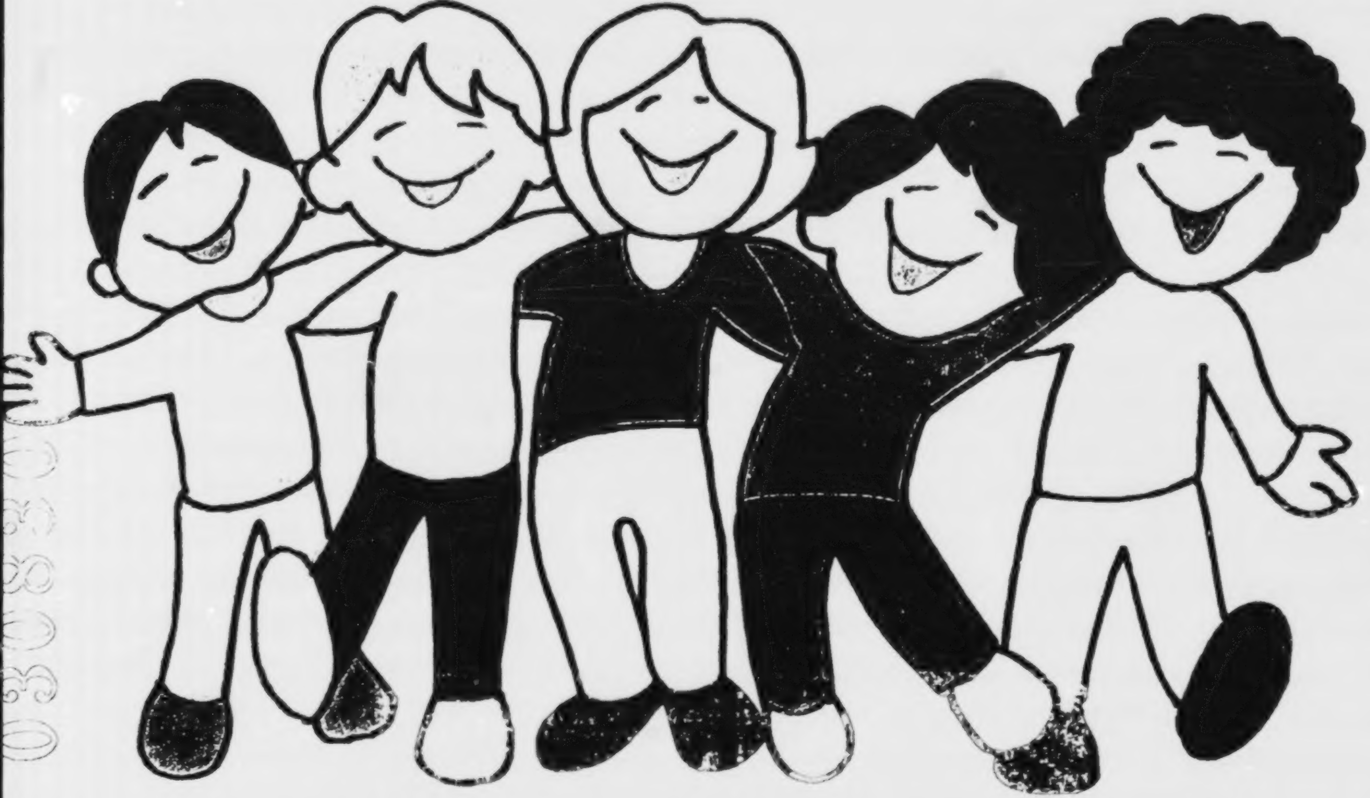
Northwest CT
DCF/Head Start
Collaboration:

A Head Start - Child Welfare Partnership

Description, Results and Recommendations



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Northwest CT DCF/Head Start Collaboration:

A Head Start-Child Welfare Partnership

Description, Results and Recommendations

April 2002

Connecticut Head Start State Collaboration Office
Hartford, Connecticut

ACKNOWLEDGEMENTS

This initiative would not have been possible without the candid communication, creative leadership and dedication of those involved in its process. Over the past three years the planning team of the Northwest CT DCF/Head Start Collaboration has included the following participants:

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NORTHWEST CT DCF/HEAD START COLLABORATION:
A HEAD START-CHILD WELFARE PARTNERSHIP
DESCRIPTION, RESULTS AND RECOMMENDATIONS
April 2002

This report describes a collaborative initiative involving the Department of Children and Families (DCF), the state child welfare agency, and Head Start in Connecticut that resulted in positive outcomes for children and families, agency staff, and the communities in which they live and work. The Northwest DCF/ Head Start Collaboration involved the regional office and two sub-offices of DCF in the northwest region, one of the five administrative regions of DCF in the state, and the four Head Start programs located in the northwest region of the state. This report describes how the initiative came about and the process of creating, implementing and evaluating a protocol, or set of strategies for better working together. The report summarizes the results of the pilot year and ends with some recommendations for continuing this initiative in the northwest region of Connecticut and for expanding the initiative to child welfare agencies and Head Start programs throughout Connecticut and nationwide.

HISTORY AND PROCESS

In mid-1997, representatives of DCF were invited to attend a meeting of the Connecticut Head Start Association after several Head Start directors in the state became concerned about the poor quality of communication between Head Start and DCF. It was believed that the lack of coordination between agencies and a general distrust among staff was negatively effecting children and families being served. The U.S. Department of Human Services, Administration for Children and Families (ACF) Region 1 state leads for child welfare and Head

Start were in attendance at this meeting that provided an opportunity for issues to be aired. It was agreed that both agencies would seek opportunities to improve their working relations, however no specific plan was established to do this.

It was not until April 1999 that representatives of DCF and Head Start met again to discuss possibilities for working more closely together. The ACF Region 1 child welfare state lead and the CT Head Start State Collaboration Office (CT HSSCO) worked together to plan a dialogue between Head Start and DCF representatives to follow a presentation on child welfare-Head Start partnerships at Yale University's Bush Center Social Policy Luncheon Series.[1] The northwest region of Connecticut was selected as a pilot region prior to the event and key staff from DCF offices and Head Start programs in northwestern Connecticut were invited to attend. Participants heard a research presentation and then met for several hours to develop a plan to engage additional DCF and Head Start staff. The study findings shared in the presentation illuminated the benefits to child welfare and Head Start working cooperatively and were inspirational in providing motivation for the group to firmly commit to overcoming the barriers preventing them from achieving better working relationships.

In July 1999 about twenty-five key staff from DCF offices in Torrington, Waterbury and Danbury, and Head Start programs in Litchfield County, Waterbury, Naugatuck and Danbury attended a one-day retreat at the Barney Retreat House in Farmington. The Head Start Quality Improvement Center (HSQIC) for Region 1 provided a facilitator to help participants identify barriers to working together and to lay out an initial plan for creating a partnership to serve families (*see Attachment 1 - Outline of July 1999 Dialogue.*) Thereafter, with staff support from the CT HSSCO, this planning group met one day every other month for eighteen months to learn more about one another's practices and services and to develop a protocol for working more closely together. The protocol was created by identifying all of the potential points of contact for DCF and Head Start in the course of providing services to families. Once these intersections were visible, best practice standards were agreed upon for each of these points of potential partnership. Federal and state regulations and program policies provided additional guidance. In addition to opportunities for service related collaboration, the process highlighted opportunities for collaborating to improve programs and develop community resources and these points of potential partnership were included in the protocol, too (*see Attachment 2 - Contents of Protocol.*)

The planning group established a pilot period and an evaluation plan to test the impact of implementing the protocol and developed a training plan to engage all Head Start and DCF staff in Connecticut's northwest region in the pilot implementation. In January 2001 about 150 staff from both agency's systems attended a half-day orientation followed by a number of local agency and community meetings to engage additional Head Start and DCF staff and to continue the dialogue begun at the half-day orientation. The planning team continued meeting every other month to address implementation issues and monitor progress. In December 2001 the pilot phase came to a close.

EVALUATION AND RESULTS

The evaluation of the pilot phase consisted of several activities. First, baseline and pilot periods were designated for collection of data. Second, Head Start and DCF staff were surveyed to obtain their perceptions of one another's program and their level of contact with one another (*see Attachment 3 – Head Start and DCF Staff Surveys*). The baseline staff survey was conducted in December 2000 and the comparison staff survey was conducted at the end of the pilot period in December 2001[2]. Third, individual DCF and Head Start offices collected data that reflected frequency of contact on selected indicators for a three-month baseline period prior to the start of the pilot phase and for a three-month comparison period at the end of the pilot phase (*see Attachment 4 – DCF and Head Start Monthly Data Reports.*) The baseline period included the months of September, October and November 2000 and the comparison period included September, October and November 2001. Fourth, at DCF-Head Start collaboration meetings, local communities reported on their activities to create a chronicle of accomplishments and challenges *(see Attachment 5 – Community Reports.)* Lastly, 'story' forms were available for participants to use to record narrative data on particularly positive or challenging experiences that occurred as a result of the Head Start/DCF collaboration. Staff survey data was statistically analyzed[3] and other data was compared and/or summarized.

The purpose of the DCF/Head Start Collaboration is to improve working relations and thus provide more effective services for children, families and communities. Desired outcomes included:

1. Children and families experience coordinated services and continuity of care;
2. Head Start and DCF have improved working relationships;
3. New resources and strategies are created for achieving child and family goals;
4. Children experience fewer placements; and
5. Children and families increase strengths and resiliency.

The data suggest that implementation of the protocol in the northwest region of Connecticut has resulted in significant progress toward achieving the first three desired outcomes listed above.

Overall, data gathered from staff surveys, monthly data reports, community reports, and stories demonstrate positive impact. Nearly all data indicate increased staff knowledge about one another's programs and increased contact between programs in a variety of areas. Additionally, a number of items on the staff survey showed a statistically significant change in staff knowledge and contact. Community reports and stories have provided more detailed accounts as to what increased knowledge and contact look like when they become day to day experiences and they have also helped to identify areas where additional attention is needed to effect change. Our findings indicate that DCF and Head Start staff know more about one another and therefore are using one another's services more effectively. Head Start and DCF staff have ongoing and frequent contact at all stages of providing services for families. DCF and Head Start are working together to build their own capacity to support families through joint training and each community's capacity to support families though a variety of collaborative activities.

Several of the specific findings are presented below. Results of the analysis of staff surveys are reported when item p values indicate statistical significance. Remember that values of p that are less than .05 are highly unlikely due to chance and are considered statistically significant. Thus, it is highly likely that the implementation of the protocol was the influential factor in achieving these outcomes. Simple counts are given for comparison of data from monthly reports that substantiate outcomes achieved.

As a result of using the protocol, DCF and Head Start staff know more about one another's programs and services, thus they can use one another as resources more effectively, and Head Start has increased referrals to DCF as a resource

- Increase in Head Start understanding of DCF mission ($p=.0003$)
- Increase in Head Start referrals to DCF Hotline ($p=.03$)
- Increase in Head Start referrals to DCF (baseline=11/comparison=20)
- Increase in DCF understanding of Head Start mission ($p=.01$)
- Increase in DCF knowledge of Head Start locations ($p=.01$)
- Increase in DCF knowledge of accessing Head Start services ($p= .005$)

As a result of using the protocol, Head Start and DCF staff are working more closely together during all aspects of services, including investigations, treatment planning and review

- Increase in Head Start contacts with DCF during investigation (baseline=29/comparison=38)
- Increase in Head Start other contacts with DCF (baseline=40/comparison=98)
- Increase in number of Head Start invitation/participation in Treatment Planning Conferences (TPCs) (baseline=0/comparison=6)
- Increase reported by DCF staff of Head Start invitations to TPCs (p=.009)
- Increase reported by DCF staff of Head Start invitations to Administrative Case Reviews (ACRs) (p=.006)

As a result of using the protocol, DCF and Head Start are partnering more to build capacity within communities, especially in the areas of cross training and resource development

- Increase in DCF staff participating on Head Start committees (baseline=0/comparison=7)
- Increase in Head Start staff participating on DCF committees (baseline=7/comparison =11)
- Increase in DCF staff attending Head Start training events (baseline=1/comparison =6)
- Increase in Head Start staff attending DCF training (baseline=0/comparison =11)
- Increase in DCF providing training to Head Start (baseline=0/comparison =3)

Outcomes 4 and 5 were more difficult to capture and were not achieved during the pilot year[4]. Although it appeared that more contact between agencies was taking place around placement issues this was not an area that was fully addressed. Related to enhancing resiliency, specific measures and activities were not addressed. All of the desired outcomes will continue to be focused on as the collaboration moves forward.

Results varied somewhat across communities. Implementation in smaller communities with less complex agencies and fewer numbers of families and staff seems to occur more easily. During the pilot period, the two Head Start sites in larger communities experienced staffing and other disruptions that effected participation. Staff survey data indicated that while all sites evidenced positive gains, Head Start sites in smaller communities looked somewhat different[5]. No similar variations were noted across DCF locations. These patterns should be further explored. Overall, the Northwest Head Start/DCF Collaboration has resulted in meaningful outcomes. The consensus is it has been a very successful and worthwhile endeavor and participants are committed to continuing beyond the pilot phase.

RECOMMENDATIONS

It was important for the continued success of the initiative to outline strategies for supporting ongoing collaboration after the pilot year. Also, it was important to identify those factors that helped to make the Northwest DCF/Head Start Collaboration successful so that other communities might learn from our success and plan for their own positive change. A number of recommendations have been made for these purposes.

Recommendations for Continue Progress in the Northwest DCF-Head Start Collaboration:

- Continue to strengthen community level collaborations

  - Individual programs will need to develop next steps that will vary across communities
  - Develop data elements and format for continued data collection at the community level for self-monitoring, e.g., TPC and ACR collaboration
  - Meet quarterly on shared cases and identify universe of shared cases, with appropriate releases
  - Use unit meetings to engage all staff and repeat unit meetings periodically to address new issues and renew relationships
  - Bring in other collaboration members as is helpful, e.g. DPH

- Continue to meet quarterly as a larger group
  - Report in on local data/self-monitoring to share local ideas and successes
  - Resolve remaining issues, e.g., foster care, Early Head Start engagement
  - Address emerging issues, e.g., background checks for prospective Head Start employees

When programs work well together it is win-win for both Head Start and DCF and most importantly for children and families!

Recommendations to DCF and Head Start for Statewide Replication and for Child Welfare and Head Start Agencies in Communities Nationwide:

- Involve key staff
  - Select a broad spectrum of leaders from all levels of staff who are interested in and committed to the desired outcomes
  - Engage key agency and program leaders whose endorsement is critical to decision making and change making and insure top management buy in
- Maintain an open and positive atmosphere
  - Commit the amount of time and energy for the duration required to create strong stable relationships

  - Involve staff who are candid and committed to the process because it is the process that will build the relationships and keep the collaboration together
  - Employ a neutral facilitator to ease the process and stay focused on goals
  - Meet initially on neutral ground where distractions can be kept to a minimum
  - Introduce one another to one's own turf, as guests or visiting dignitaries, in ways that demonstrate both respect and value of the initiative to others
  - Acknowledge that we all care about kids and families, and respect and recognize one another's ways of doing that: there is no one way, there are both ways

- Utilize outside resources that convey the importance of the initiative, to model collaboration, and to provide the necessary supports along the way
  - ACF can provided both guidance and authority
  - HSSCO can provide neutral facilitation, staffing, and fiscal resources
  - HSQIC can provide neutral facilitation and an outside perspective

- Convene some type of roll-out event that provides a unifying orientation to all staff who can attend and ties the use of the protocol to child and family outcomes that are meaningful to both DCF and Head Start

- Keep collaboration focused and participants engaged through hands-on tasks, e.g., case products, data collection, etc.

CONCLUSION

Significant progress has been achieved in bringing Head Start and DCF closer together in local communities. DCF and Head Start now work together on a wide variety of child and family service and community development activities. However, these outcomes are not easily achieved. Our experience was that in local offices and programs with limited resources to commit to the process, gains are less pronounced. The best results occur with clear vision, strong leadership, and consistent involvement over time. Conversely, no plan can foresee the range of possibilities that will emerge from such collaborative efforts because of unique personal talents, community resources and circumstances, even when collaborations are of a limited nature. Certainly, this initiative produced results that could not even have been imagined prior to the start of the Northwest DCF/Head Start Collaboration. Some of these include:

- Co-sponsoring literacy events in each community that hosted children's author/illustrator Mercer Mayer to entertain hundreds of young children;
- Partnering to hold a foster parent recruitment Thanksgiving Dinner at Naugatuck Head Start;
- Engaging new partners such as the Department of Public Health;
- Watching best practice spilling over to other systems, e.g., ACR and TPC invitations beginning to be extended to Education Connection's Birth-to-3 staff (IDEA/Part C); and
- Receiving requests for information on the Head Start/DCF Collaboration from colleagues around the state and across the nation for replication information.

The Northwest DCF/Head Start Collaboration has resulted in both planned and unexpected positive outcomes for children and families, DCF and Head Start staff and the communities where they live and work.

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[1] Presented by John W. Fantuzzo, Ph.D. at the Bush Center in Child Development and Social Policy, Yale University, Social Policy Luncheon Series, April 23, 1999 entitled *Child Maltreatment and Head Start: Making Beneficial Connections for Child Victims and Their Families*. Additionally, several of Dr. Fantuzzo's related publications were shared with planning team participants.

[2] A total of 348 staff surveys were distributed in 2000: 128 to Head Start and 220 to DCF staff with a baseline survey return rate of 78% that included 118 surveys returned in Head Start, or 92%, and 155 surveys returned in DCF, or 78%. A total of 359 staff surveys were distributed in 2001: 156 to Head Start and 203 to DCF staff with a comparison survey return rate of 72% that included 98 surveys returned in Head Start, or 63%, and 159 surveys returned in DCF, or 78%. The overall return rate was 75%.

[3] Staff survey data was statistically analyzed by Kathleen McKay, Ph.D., Child Health Data Center, Connecticut Children's Medical Center, Hartford CT: *An Analysis of the 2000-01 Surveys of Head Start and DCF Employees on Mutual Collaboration.*

[4] Since there was some inconsistency in the way the monthly data forms were completed by individual programs it was not possible to accurately interpret changes in reported foster care placements as new or

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continuing placements of Head Start children. Also, collaboration involving foster care and other continuity of care issues will require additional time and effort to produce desired results. Activities like joint recruitment of foster families have just recently begun. Efforts to assess changes in strengths and resiliency have been beyond the resources of the initiative thus far.

[5] In her staff survey analysis, Kathleen McKay noted "Head Start results varied by location; although all sites improved, Litchfield and Naugatuck tended to report higher levels of knowledge and communication, both before and after the trainings."

ATTACHMENT 1

OUTLINE OF JULY 1999 DIALOGUE

Questions asked of one another:

- Where are the intersections between child welfare and Head Start?
- Where are the opportunities for collaboration?
- What would be the benefits of collaboration?
- What would collaboration look like?
- What would we want to accomplish? How do we go about starting a DCF-Head Start collaboration?

Reasons to partner:

- Head Start and DCF often serve the same children
- Many Head Start children and families are at risk
- Great potential for identification and prevention exists
- Head Start is a natural environment for intervention to occur

Benefits to collaboration:

- Programs understand one another
- Develop regular procedures for working together
- Achieve continuity of care through case management
- Develop creative solutions for unique and difficult cases
- Good for children and families

Benefits to children and families:

- Families have clear understanding of both programs and their service opportunities
- Families increase strengths and resiliency factors
- Children obtain permanency with families
- Reduce number of placements
- Children receive care from knowledgeable, nurturing adults working together

Key objectives of the partnership:

- Establish procedures for information sharing, recruitment, and referral
- Jointly develop comprehensive service plans
- Cross training
- Collaborate to recruit new foster families
- Initiate new, innovative interventions with children at risk

Additional objectives of the partnership:

- Fully utilize opportunities for ongoing communication (RACs, SubRACs, Head Start Policy Councils and Advisory Committees, other community councils, regular dialogue between DCF and Head Start)
- Conduct research
- Better understand system and procedures for handling investigations
- Recognize needs of each program

CONTENTS OF PROTOCOL

Section I - Identifying and Reporting Child Abuse and Neglect

- Head Start initiates calls to DCF Hotline
- DCF assists Head Start to establish reporting protocols
- DCF assists Head Start in training on child abuse and neglect

Section II – Communication on Open DCF Investigations

- Head Start provides information to DCF
- DCF provides feedback to Head Start on their reports to DCF
- DCF provides feedback to Head Start on reports alleging Abuse/neglect by a Head Start staff member

Section III – Treatment Planning and Case Management

- Head Start and DCF work together to plan on-going services
- Head Start assists families in making self-referrals for voluntary services with DCF

Section IV – Placement of Children

- Head Start assists DCF in identifying and locating relatives for Head Start children facing out-of-home placement
- Head Start and DCF will coordinate services to assist children placed outside of their communities

Section V – DCF Referrals to Head Start

- DCF caseworkers and foster parents initiate referrals to Head Start
- DCF assists Head Start in determining appropriate service options for DCF-involved families

Section VI – Agency Planning

- DCF assists Head Start in finding eligible families and assists Head Start in recruitment and enrollment
- DCF assists Head Start in planning efforts
- Head Start assists DCF in planning efforts
- Head Start assists DCF in identifying and recruiting relative and foster and adoptive homes

Appendices

A. List of information to be included in a telephone report to the HOTLNE and a copy of DCF-136
B. Sample Head Start reporting protocol
C. Sample release of information
D. List of questions to ask Head Start
E. List of DCF and Head Start contacts
F. Fact sheet on voluntary services
G. Head Start regulations cited in protocol
H. DCF policies

ATTACHMENT 3

Head Start Survey

#A ____________________

Head Start Program: ____________________________

Title: ____

1. How well do you understand the mission of DCF and the *specific* programs and services it offers to children and families?
    1. Very well
    2. Somewhat familiar
    3. Not at all familiar

2. Do you know where your local DCF agency is located?
    1. Very familiar with DCF location(s)
    2. Somewhat familiar
    3. Not at all familiar

3. Do you know how to report child abuse and neglect to the DCF HOTLINE?
    1. Very familiar with DCF reporting process
    2. Somewhat familiar
    3. Not at all familiar

4. In the past year, approximately how many times have you reported concerns about child abuse and neglect to the DCF HOTLINE?
    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None

5. In the past year, how many times have you contacted a DCF worker concerning a child on an open case that was being served by both Head Start and DCF?
    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None

6. When enrolling a new child into your Head Start program, or in working with a new Head Start parent, how often do you ask if they are involved in DCF or receiving services from DCF?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. Not applicable (I am not involved with enrollment at my program)

7. If you know a Head Start family is involved with DCF, how often do you contact DCF to coordinate services or to share information about Head Start concerns (assuming the family has signed a release of information)?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never

8. If you make a report to DCF concerning a child, how often are you provided feedback on what happened with the child and family following the DCF intervention?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never

9. If you know a child is DCF-involved, how often are you invited to the Initial Treatment Plan conference?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never

10. If you know a child is DCF-involved, how often are you invited to the DCF administrative case review?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never

11. If a child is going to be placed in foster care, or if a child in foster care is moved from one placement to another, how often have you been notified by DCF prior to the change in the child's living arrangement?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never

12. If you know that a family is DCF-involved with either an in-home service case, or the child is in foster care, how often have you been contacted by DCF before the case is closed, or before a major decision has been made, e.g. reunifying the family?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never

13. In the past year, how often have you been contacted by DCF to discuss a child or family that is being served by your program?

    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None
    5. Not applicable (I have not had cases where DCF is involved)

14. If you work in a supervisory or administrative capacity in Head Start: How many times in the past year have you contacted DCF for: assistance in establishing protocol for initiating reports of abuse/neglect, providing training for Head Start staff on identifying and reporting abuse/neglect, or assisting Head Start in locating families and children for Head Start enrollment?

    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None
    5. Not applicable (I do not work in a supervisory or administrative capacity in Head Start)

DCF Survey

#A ____________________

DCF Office: ____________________________

Title: ____

1. How well do you understand the mission of Head Start and the *specific* programs and services it offers to children and families?
    1. Very well
    2. Somewhat familiar
    3. Not at all familiar

2. Do you know where your local Head Start agency and its centers are located?
    1. Very familiar with Head Start locations
    2. Somewhat familiar
    3. Not at all familiar

3. Do you know how to access Head Start services for children and parents involved in DCF?
    1. Very familiar with Head Start enrollment process
    2. Somewhat familiar
    3. Not at all familiar

4. In the past year, approximately how many children and families have you referred to Head Start (including foster parents) ?
    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None
    5. Not applicable (I don't carry a caseload)

5. In the past year, how many times have you been in a Head Start center?
    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None
    5. Not applicable (I don't work in the field)

6. If you work in a DCF investigation unit: How often do you ask a family if their child is involved in a Head Start program?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. Not applicable (I don't work in DCF investigation unit)

7. If you work in a DCF investigation unit: If you know a child is enrolled in a Head Start agency, how often do you contact Head Start to request information on a child or family or to share information about DCF concerns (assuming the family has signed a release of information)?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. Not applicable (I don't work in DCF investigation unit)

8. If you work in a DCF investigation unit: If the reporting source is a Head Start agency, how often do you provide feedback to Head Start on what happened with the child and family following the DCF intervention?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. Not applicable (I don't work in DCF investigation unit)

9. If you work in a DCF ongoing services unit: If you know a child is enrolled in Head Start, how often do you invite Head Start to the treatment Plan Conference (TPC)?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. Not applicable (I don't work in DCF ongoing services unit)

10. If you work in a DCF ongoing services unit: If you know a child is enrolled in Head Start, how often do you invite Head Start to the Administrative Case Review (ACR)?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. Not applicable (I don't work in DCF ongoing services unit)

11. If you know a child is enrolled in Head Start and the child must be placed - or the placement must change - how often do you notify Head Start?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. No cases where Head Start is involved

12. If you work in a DCF ongoing services unit: Before you close a case that has been opened for placement or in-home services, how often do you contact Head Start and talk with them concerning the child and family?

    1. Always
    2. More than 50% of the time
    3. Less than 50% of the time
    4. Rarely
    5. Never
    6. Not applicable (I don't work in DCF ongoing services unit)

13. If you work in a DCF ongoing services unit: In the past year, how often have you been contacted by Head Start to discuss a child or family that is on your caseload?

    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None
    5. No cases where Head Start is involved
    6. Not applicable (I don't work in DCF ongoing services unit)

14. If you work in a supervisory or administrative capacity in DCF: How many times in the past year have you been contacted by Head Start to: assist in establishing protocol for initiating reports of abuse/neglect, provide training for Head Start staff on identifying and reporting abuse/neglect, or assist Head Start in locating families and children for Head Start enrollment?

    1. More than 10
    2. 5 to 10
    3. 1 to 4
    4. None
    5. Not applicable (I do not work in a supervisory or administrative capacity in DCF)

ATTACHMENT 4

MONTHLY DATA REPORTS

Northwest CT DCF/Head Start Collaboration
DCF Data

	Baseline	Comparison
1. Number of HS staff invited TPC	0	6
2. Number of HS staff participating in TPC	0	4
3. Number of HS staff invited to ACR	0	3
4. Number of HS staff participating ACR	0	0
5. Number of foster homes recruited with HS assistance	0	0*
6. Number of HS staff attending DCF training events	0	11
7. Number of DCF staff providing training to HS	0	3
8. Number of DCF staff attending HS committees	0	7

Baseline period includes months of September, October and November 2000.
Comparison period includes months of September, October and November 2001.
* These numbers do not include foster parent recruitment event in November 2001 in Naugatuck.

Northwest CT DCF/Head Start Collaboration
Head Start Data

		Baseline	Comparison
1.	Number of HS referrals/reports to DCF	11	20
2.	Number of contacts with DCF during investigation	29	38
3.	Number of other contacts with DCF	40	98
4.	Number of HS staff invited to TPC	0	6
5.	Number of HS staff attending TPC	0	6
6.	Number of HS staff invited to ACR	2	0
7.	Number of HS staff attending ACR	2	0
8.	Number of foster care placements of HS children	30	21
	8a. Number of placements involving notification of HS	1	1
	8b. Number of placements resulting in transfer of HS services	0	0
	8c. Number of placements resulting in discontinued HS services	1	3
9.	Number of children moved without HS notification	1	2
10.	Number of DCF referrals to HS	7	6
11.	Number of potential foster families referred to DCF	0	0*
12.	Number of DCF staff attending HS training events	1	6
13.	Number of HS staff providing training to DCF	1	1
14.	Number of HS staff participating on DCF committees	7	11
15.	Number of foster parents attending HS events	36	10

Baseline period includes months of September, October and November 2000.
Comparison period includes months of September, October and November 2001.
* These numbers do not include foster parent recruitment event in November 2001 in Naugatuck.

ATTACHMENT 5

COMMUNITY REPORTS

10-3-01
Torrington 10/3/01
DCF

- invited HS to Drs. Bunk and Gruenberg treatment training
- Head Start invited to 2 ACRs
- Performed mandated reporter training for entire Head Start staff during week of training
- Hosted Northwest Corner Team Building Day for service providers
- Chan – beginning year referrals, DCF less knowledge to make early notice for educ. eval/CEA

Head Start

- Attended unit meeting for Permanency Unit
- Attended Court with DCF re: custody issue
- Attended NW Corner Team Building Day
- Pat joined SubRAC
- Attended Foster Parent Task Force breakfast
  - To attend foster parent support group
- Preparing for quarterly meeting re: case studies

Note: DCF is hearing more workers remembering Head Start; phone contact improved between agencies

Naugatuck 10/3/01

- Naugatuck had mandated reporter training – Art R. very good
- Waterbury had mandated reporter training with Vanessa D.
- Policy Council Naugatuck – scheduled Gladys or Erika will attend
- Has received data collection forms from ACR and FASU units on a regular basis
- HS recruitment flier – Waterbury
- Set up meeting for 10/24/01 at Waterbury Head Start
- Getting ore p.c. from DCF workers trying to get kids into program
- Releases are still a challenge
- Attended Head Start Foster Parent Task Force breakfast

12/7/01
Waterbury 12/7/01

- 10/24 meeting with DCF and Head Start
  - Beginning Jan '02 every other month meeting
  - HS to go to DCF Unit meetings
  - DCF trainees will do HS site visits
  - John Dowling present systems of care to Head Start
  - 12/3 DCF administrators met with Director/staff re: reporting/DPH?
  - Many training invitations and some attendance

  - Naugatuck Head Start Foster Parent Adoptive Task Force had luncheon to support foster care – 16 families attended and 3 recruited
  - Waterbury Head Start-DCF site visits – DCF training
- HS article in statewide foster and adoptive parent newsletter 9/01

Danbury 12/7/01
- DCF staff participating in 2 Head Start meetings
- HS staff participating in DCF committee
- HS referral to DCF
- 3 invitations to DCF TPC/ACR
- 1 HS attended
- 2 DCF children enrolled in Head Start

Torrington 12/7/01
- Head Start made 2 referrals to DCF
- Increase in collaborative investigation, partnering
- HS enrolled 3 new DCF children
- Pat joined SubRAC
- First review of all shared families with Torrington administrator, supervisors, caseworkers, Head Start supervisor and family service coordinators

Northwest CT
DCF/Head Start
Collaboration:
A Protocol for Working Together

PS 030830

Index

Statement of Purpose — Page 1

Section I: Identifying and Reporting Child Abuse/Neglect — Page 2

- Head Start initiates calls to the DCF Hotline
- DCF assists Head Start to establish reporting protocols
- DCF assists Head Start in training on child abuse/neglect

Section II: Communication on Open DCF Investigations — Page 3

- Head Start provides information to DCF
- DCF provides feedback to Head Start on their reports to DCF
- DCF provides feedback to Head Start on reports alleging abuse/neglect by a Head Start staff member

Section III: Treatment Planning and Case Management — Page 4

- Head Start and DCF work together to plan on-going services
- Head Start assists families in making self-referrals for voluntary services with DCF

Section IV: Placement of Children — Page 6

- Head Start assists DCF in identifying and locating relatives for Head Start children facing out-of-home placement
- Head Start and DCF will coordinate services to assist children placed outside of their communities

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Section V: DCF Referrals to Head Start Page 7

- DCF caseworkers and foster parents initiate referrals to Head Start programs
- DCF assists Head Start in determining appropriate service options for DCF-involved families

Section VI: Agency Planning Page 7

- DCF assists Head Start in finding eligible families, and assists in Head Start's annual and/or ongoing recruitment and enrollment process
- DCF assists with Head Start planning efforts
- Head Start assists DCF with planning efforts
- Head Start assists DCF in identifying and recruiting relative and foster and adoptive homes

Appendices

A. List of information to be included in a telephone report to the HOTLINE and a copy of DCF-136 (for written report)
B. Sample Head Start reporting protocol
C. Sample Release of Information
D. List of questions to ask Head Start
E. List of DCF and Head Start contacts
F. Fact sheet on voluntary services through DCF
G. Head Start regulations cited in this protocol
H. DCF Policies

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Statement of Purpose

Very often, both community Head Start agencies and the State public child welfare system concurrently serve families. Collaboration and cooperation are imperative to ensure that children are safe and families receive coordinated services and treatment.

The Northwest CT DCF/Head Start pilot project was started in recognition of the need to establish an improved partnership between child welfare and Head Start. Recent research points to ways in which community Head Start programs improve the overall functioning of maltreated children, and encourages mental health and child welfare agencies (and others) "to capitalize on Head Start's strategic position to promote wellness for our most vulnerable victims of maltreatment."[1]

In establishing this pilot collaboration, participants met and discussed four key questions:

Why partner?

- Head Start and DCF often serve the same population
- Many Head Start children and families are at risk for abuse and neglect
- Head Start provides great potential for prevention of child abuse and neglect, and identification of at risk families
- Head Start is a natural environment for interventions to occur

What will be the benefits of collaboration?

- Collaboration will help the programs understand one another
- The agencies can develop regular procedures for working together
- We can achieve continuity of care through case management
- We can develop creative solutions for unique and difficult cases

What will be the benefits to children and families?

- Families will have a clear understanding of both programs and their service opportunities
- Families will increase their strengths and resiliency factors
- Children will have fewer placements
- Children will obtain permanency with families
- Children will receive care from educated, nurturing adults working together toward their best interests

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[1] *See* Fantuzzo, John, Ph.D., et. al., "A Contextually Relevant Assessment of the Impact of Child Maltreatment on the Social Competencies of Low-Income Urban Children," J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY, 37:11, November, 1998, pg. 7.

What are the objectives of the partnership?

- To establish procedures for information sharing, recruitment, and referral
- To conduct cross training
- To initiate new, innovative interventions with children at risk
- To collaborate to recruit new foster homes
- To jointly develop comprehensive service plans
- To fully utilize opportunities for ongoing communication through already-established mechanisms, e.g. Regional Advisory Committees
- To conduct research
- To understand the DCF system and procedures for handling investigations
- To understand Head Start and the programs/services it offers to children and families
- To recognize the needs of each program

Through concentrated efforts to improve the DCF/Head Start partnership, this pilot collaboration will realize the broader, national outcomes of Head Start and child welfare: achieving safety, permanency, and well-being for children; and attaining social competence, school readiness, and comprehensive child and family services.

Protocol for DCF/Head Start Coordination

Section I: Identifying and Reporting Child Abuse/Neglect

- **Head Start initiates calls to the DCF HOTLINE**

Pursuant to Connecticut General Statutes Section 17a-101, Head Start staff members are mandated reporters. A report must be made to the DCF HOTLINE whenever a mandated reporter in his or her professional capacity has reasonable cause to suspect that a child has been abused and/or neglected or is in imminent risk of serious harm. Telephone reports can be made by calling 1-800-842-2288 (24 hours a day/7 days a week). In addition to the oral report to the HOTLINE, a written report (DCF-136) is required by law to be submitted within 48 hours of the oral report. *Appendix A of this protocol contains a list of information to be included in a telephone report to the HOTLINE and a copy of DCF-136.*

Connecticut statute and DCF policy provide that a reporter can receive information regarding the report that they have filed. Generally, DCF sends a response letter to the mandated reporter with information about the status of the investigation and, in general terms, any actions taken by DCF to protect the child.

- **DCF assists Head Start to establish an appropriate protocol for initiating reports**
- **DCF assists in providing Head Start staff and parent training on child abuse**

Federal regulations (see 45 CFR 1304.41(a)(2)(vi)) require Head Start agencies to establish cooperative relationships with child protective services, and to develop procedures for identifying and reporting child abuse and neglect (see 45 CFR 1304.22(a)(5)). *Appendix B of this protocol contains a sample Head Start reporting protocol.* Head Start should seek DCF's consultation in developing their agency's reporting procedures; it is suggested that Head Start talk with an Investigations Program Supervisor at the local DCF office.

In addition, regulations require Head Start agencies to provide orientation and training to parents and staff on identifying and reporting child abuse and neglect (see 45 CFR 1304.52(k)(3)(i)). They must also provide training to parents on preventing abuse and neglect and providing protection for abused and neglected children. DCF has developed specialized training for mandated reporters and should assist Head Start agencies in training staff and parents.

Section II: Communication on Open DCF Investigations

- **Head Start provides valuable information during the investigation stage**

If concerns regarding a child have been raised and the child is involved in a Head Start program, DCF should utilize Head Start as a collateral contact. In order for Head Start to share information, however, the parent must sign a release of information. If DCF does not have a release, Head Start can assist them in securing a parent's permission to release information.

Head Start can only release information that is specified in the written form signed by the parent. If DCF is securing a signed release of information, the release should contain a list of specific items that the caseworker requires. For example: unattended medical and dental concerns, formal testing completed by Head Start, behavioral changes in the child. The release should contain permission for exchange of written records and for verbal exchanges between DCF and Head Start. *Appendix C of this protocol contains a sample release of information.*

Head Start cannot share information that is not specified in the release; however, if Head Start has information that could assist DCF, the Head Start center should let DCF know that such information exists. DCF and Head Start should then work together to secure a parent's permission for release of that additional information. Important information that Head Start may have that could assist DCF in assessing the safety of a child: Family Services and classroom notes that track behavioral changes in children and parents, or track changes in the family, disabilities, health concerns, Family Partnership Agreements.

It should be noted that if Head Start is contacted by DCF and the Head Start program has abuse, neglect, or safety concerns about the child, then those concerns should be shared with DCF immediately.

Appendix D of this protocol contains a checklist of questions that DCF may consider asking Head Start when contacting them for information.

When requesting information concerning a family, generally DCF will contact the Head Start center via telephone. DCF should call the Family Services manager at the Head Start center. *Appendix E of this protocol contains a list of DCF and Head Start contacts.*

- **DCF provides feedback to Head Start on their reports to DCF**

The DCF investigator should contact a reporter to follow-up on information and let the reporter know that he or she is assigned to the case. Connecticut statute and DCF policy provide that a reporter can receive *general* information regarding the report that they have filed. Generally, DCF sends a response letter to the mandated reporter with information about the status of the investigation and, in general terms, any actions taken by DCF to protect the child.

- **DCF provides timely feedback to Head Start on reports alleging abuse/neglect by a Head Start staff member**

A report received by DCF regarding a Head Start employee and a Head Start child is responded to the same day as the report and follows the Department's policy regarding investigations. Under most circumstances DCF and the Department of Public Health conduct a joint investigation with DCF investigating abuse or neglect concerns and DPH licensing issues. Depending on the nature of the report, the police may also participate in the investigation. At the conclusion of the investigation a summary report is provided to the Director of the Head Start program.

Section III: Treatment Planning and Case Management

- **Head Start and DCF work together to plan on-going services**

DCF and Head Start have parallel processes for establishing goals with families. The primary individual in DCF responsible for case management is the ongoing services worker. With the family and involved providers, the investigations worker is responsible for developing the Preliminary Treatment Plan. Again, with family and involved providers, the on going services worker develops the Ongoing Treatment Plan. The Ongoing Treatment Plan is reviewed through the Administrative Case Review process every six months. The treatment plan contains information such as: services needed to resolve issues that led to abuse and neglect, steps taken to comply with the plan, and if the child is placed outside the home, the child's permanency goal and steps taken to meet the needs of the child and foster parent.

In Head Start, the Family Service Worker meets with all family members to develop a Family Partnership Agreement. The Family Partnership Agreement is updated each year and must describe family goals, responsibilities, timetables and strategies for achieving these goals. Examples of goal areas include: education and employment training, health care, and needs for emergency assistance (see 45 CFR 1304.40(a)(2)).

DCF and Head Start should strive to establish goals with families that are consistent across both the DCF treatment plan and the Head Start Family Partnership Agreement. If the parent agrees, Head Start should be invited by DCF to participate in the Preliminary Treatment Plan meeting to provide information to DCF on the services available to the child and family through Head Start. Additionally, Head Start could assist DCF to ensure that all child and family concerns are addressed at the time of the Preliminary Treatment Plan, and to help the family articulate their needs.

To avoid duplication of effort, or conflict with the DCF treatment plan, Head Start should try to incorporate the goals and services already established in the DCF treatment plan, as appropriate to Head Start service provision (see 45 CFR 1304.40(a)(3)).

If the parent agrees, the DCF worker should ensure that Head Start receives notification of the Preliminary Treatment Planning Conference, and of all Administrative Case Reviews, held every six months in conjunction with the Ongoing Treatment Plan. Head Start should ensure attendance at these DCF events. If Head Start cannot attend, or if they believe there is nothing urgent that needs to be discussed, they should make an effort to contact the DCF caseworker to provide input on the family's strengths, progress, and any outstanding concerns. By regulation, Head Start programs offer a variety of opportunities for families to be involved in their children's lives, including education, improving parenting skills, and pursuing individual and family development goals. In some instances, it may be appropriate to incorporate a family's involvement in these Head Start opportunities into the DCF treatment plan.

Two major changes in a case that may occur in-between the scheduled Administrative Case Reviews are placement of a child (or a change in placement) and case closure. DCF and Head Start should be in close contact around these changes to ensure that the child and family's needs are met.

Note: Head Start may enroll a child that is already involved with DCF. If this occurs, Head Start should obtain a parent's consent and then contact the DCF worker to ensure coordination of services.

- **Head Start assists families in making self-referrals for voluntary services with DCF**

DCF operates a voluntary services program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. This program is only for families who are *not* abusive or neglectful at the time of the referral, and a child or youth and his/her parents must make the actual referral themselves. The family contacts the DCF HOTLINE and provides information concerning their child and family needs; DCF then forwards the request for services to the appropriate regional office. An array of services can be offered through the program, ranging from intensive family preservation, extended day treatment, and respite, to out-of-home placement. *Appendix F of this protocol contains a fact sheet on voluntary services through DCF.*

Head Start staff can assist families in recognizing their needs for voluntary services, and "coach" them through the self-referral process to DCF.

DCF will assist Head Start staff in becoming knowledgeable about voluntary services. This service could become a referral source within the Head Start program, and may be considered for inclusion in the Head Start resource directory.

Section IV: Placement of Children

- **Head Start assists DCF in identifying and locating relatives for Head Start children facing out-of-home placement**
- **Head Start and DCF will coordinate services to assist children placed outside of their communities**

The continuity of relationships is extremely important for all children, particularly those facing placement outside of their homes and those who are already in placement but experience movement within foster care. Although most placements made by DCF are done on an emergency basis, DCF should contact the appropriate Head Start center if it is known that the child is involved in Head Start. In turn, Head Start will provide any information they may have to assist DCF in locating relatives or others that could possibly provide placement for the child or support to the family.

If a child must be placed outside of his or her community, Head Start will make every effort to assist the child in remaining in the same Head Start center. This might include working out transportation arrangements with DCF and/or the foster parent. If this is not possible, the Head Start director may contact the director of another center to facilitate a transfer and ensure that the child remains in a support network.

It is also important that DCF train foster parents to inquire if children being placed with them are enrolled in a Head Start program. Head Start encourages foster parents to contact centers directly to assist in keeping children enrolled or to inquire about transfers to other centers.

Section V: DCF referrals to Head Start (for specific children)

- **DCF caseworkers and foster parents initiate referrals to Head Start programs**

If a DCF caseworker or a foster parent has a particular child he or she would like to enroll in a Head Start program, they should contact the Supervisor of the Head Start's family services advocates, or the designated individual at the Head Start program. If Head Start has an opening available, there could be a 24-48 hour turnaround time to get the child enrolled.

- **DCF assists Head Start in determining appropriate service options for DCF-involved families**

If a child enrolled in Head Start is known to be DCF-involved, the Head Start Family Service Worker should consult with DCF when determining service options, e.g. home-based, center-based. DCF should assist Head Start in determining the best course of action for a child or family that is DCF-involved. *See Section III: Treatment Planning and Case Management of this protocol.*

Section VI: Agency Planning

- **DCF assists Head Start in finding eligible families, and provides information about families to assist in Head Start's annual and/or ongoing recruitment and enrollment process**

Head Start agencies conduct annual recruitment and enrollment at various times of the year. Head Start should conduct outreach to DCF offices as part of their recruitment efforts. Head Start should contact the DCF Regional Community Services Contracts (CSC) person, or designated liaison; the CSC or liaison will get information out to DCF staff on Head Start enrollment opportunities. In turn, DCF should provide information to Head Start on family trends, geographic areas to focus recruitment, etc.

Federal regulations require Head Start agencies to "make every effort to retain in their programs children allegedly abused or neglected – recognizing that the child's participation may be essential in assisting families with abuse or neglect problems." Further, "with the approval of the policy council, Head Start programs may wish to make a special effort to include otherwise ineligible children suffering from abuse or neglect, as referred by the child protective services agency." (see Appendix A to 45 CFR 1301.31)

- **DCF assists with Head Start planning efforts**

There are several opportunities for DCF to work collaboratively with Head Start on planning efforts. Head Start should actively seek DCF representation on some of the following committees/activities: policy councils, social services advisory committees, annual community needs assessment, 3-year planning teams and/or child health and development advisory committees.

- **Head Start assists DCF with planning efforts**

There are several opportunities for Head Start to work collaboratively with DCF on planning efforts. DCF should actively seek Head Start representation on some of the following committees: RACs (Regional Advisory Councils) and Sub-RACs, Systems-of-Care team meetings, and any other DCF committees, such as placement teams. The RACs are related to DCF regional offices and the Sub-RACs are attached to local offices. The Systems-of-Care teams assist in determining service needs and gaps.

- **Head Start assists DCF in identifying and recruiting relative and foster and adoptive homes for children in their communities**

One goal of this collaborative project is to maintain connections between children and their communities, and to provide care for children within their own communities, whenever possible. Recognizing that there are different ways of finding connections and families for children, DCF and the Litchfield Head Start Parent Academy will formulate a broad strategy to develop foster and adoptive family resources. This strategy will include procedures for developing placements for specific children, as well as approaches for general recruitment and ongoing support of foster and adoptive families.

Appendices

A. List of information to be included in a telephone report to the HOTLINE and a copy of DCF-136 (for written report)
B. Sample Head Start reporting protocol
C. Sample Release of Information
D. List of questions to ask Head Start
E. List of DCF and Head Start contacts
F. Fact sheet on voluntary services through DCF
G. Copies of Head Start regulations cited in this protocol
H. Copies of DCF policies

Appendix A

List of information to be included in a telephone report to the HOTLINE

DCF-136

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Questioning the Caller

Basic Questions The Child Protective CareLine worker shall ask the following basic interview questions for all child abuse and neglect calls.

If the caller cannot answer the questions, the worker shall make every attempt to identify other persons who may have the information.

Category	Information to Be Obtained
Who	Obtain, if possible, for all subjects of a report: • name and any aliases, with correct spelling • gender • ethnicity • age/date of birth • address/current location • role relationships • names of siblings or other children living in or out of the home • telephone numbers • language(s) spoken • other identifying information Also, ask for the following information: • the name of the caller and any other person who may have knowledge of the situation, for future contact by the investigator • the relationship of the alleged perpetrator to the child; e.g., parent, step -parent, baby sitter, child care worker • the relationship between the caller and the alleged perpetrator • where the following persons are employed: alleged perpetrator; non-perpetrator parent, guardian, or other caretaker.
What	• What happened, in simple terms? • Did the reporter observe physical evidence of abuse or neglect?
When	• Approximately when did the incident occur? • Is it a chronic situation?
Where	Where is the child currently located?
How	How does the caller know what happened?
Why	• Why is the call being made at this time? *Note: This question should only be asked if the information is necessary to assess the urgency of the response and will not unnecessarily extend the length of the call.*
Safety Factors	• Family safety factors, e.g., domestic violence. • Investigator safety factors; weapons, drugs.

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Special Questions

In addition to the basic questions, the CareLine worker shall ask the following questions to complete a report for these particular categories:

Category	Questions
Physical Abuse	• Describe the injury; e.g., Tuesday, December 19, 1995, a.m. or p.m., red & blue mark 1" x 4", shaped like a belt mark, fresh or fading. • What part of the body was injured? • Is there a need for medical treatment? • What is the parent's explanation? • What is the child's explanation? • Are there any precipitating factors? • What lead to the disclosure or brought the child to the caller's attention? • Did anyone witness the abuse? • Are there any family members who are taking protective action for the child? • Has the reporter had previous concerns or interactions with the family? • Is the child currently afraid of the alleged perpetrator? • Is the child afraid to go home?
Sexual Abuse	• To whom did the child disclose the abuse? • Did the child disclose directly to the reporter? • What is the age of the alleged perpetrator and his/her relationship to the child? • What is the alleged perpetrator's access to the victim and other children? • What steps are being taken to prevent further contact between the perpetrator and child? • Has the child had a medical examination?

Special Questions (continued)

Domestic Violence	• Where were the children during the incident(s)? • Were the children injured? • Were the parents injured? • Was the mother or father hit, threatened, or coerced? • Describe the severity of the incident. • Were weapons involved? • What is the non-offending parent's initiative/ability to protect him/herself and the child? • What steps were taken to prevent the perpetrator's continued access to the home; e.g., shelter, police, restraining order? • Were the police notified? Who made the notification? Who was arrested? What were the charges? • Did the caller witness the domestic abuse? • Is there a history of domestic violence? • How frequent are the incidents?
Substance Abuse	• What specific drugs are being used by the parent; e.g., crack, heroin, alcohol • What is the frequency of the drug use? • Do the children have knowledge of the drug use? • Are the parents high or intoxicated while directly caring for the children? • Are there drugs, either legal or illegal, in the home? If so, where are they located? • Do the children have access to the drugs? • Is there drug paraphernalia in the home? • Have the parents ever been arrested for possession or sale of drugs? • Have the parents ever experienced black-outs? • How well are the children supervised? Are they left alone for extended periods of time? • Is there adequate food in the house?

REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

HOTLINE
1-800-842-2288

See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report (DCF-136) to the Hotline.

Please print or type

CHILD'S NAME	☐ Male ☐ Female	AGE OR BIRTH DATE
CHILD'S ADDRESS		
NAME OF PARENTS OR OTHER PERSON RESPONSIBLE FOR CHILD'S CARE	ADDRESS	
WHERE IS THE CHILD STAYING PRESENTLY IF NOT AT HOME?		DATE PROBLEM(S) NOTED
NAME OF HOTLINE WORKER TO WHOM ORAL REPORT WAS MADE	DATE OF ORAL REPORT	DATE AND TIME OF SUSPECTED ABUSE/NEGLECT
NAME OF SUSPECTED PERPETRATOR, IF KNOWN	ADDRESS	RELATIONSHIP TO CHILD

NATURE AND EXTENT OF THE CHILD'S INJURY(IES), MALTREATMENT OR NEGLECT:

INFORMATION CONCERNING ANY PREVIOUS INJURY(IES), MALTREATMENT OR NEGLECT OF THE CHILD OR HIS/HER SIBLINGS.

LIST NAMES AND AGES OF SIBLINGS, IF KNOWN.

DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURY(IES), MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE REPORTER.

WHAT ACTION, IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER OR OTHERWISE ASSIST THE CHILD?

REPORTER'S NAME AND AGENCY	ADDRESS	TELEPHONE NUMBER
REPORTER'S SIGNATURE	POSITION	DATE

WHITE COPY: TO HOTLINE PO BOX 882 MIDDLETOWN, CONNECTICUT 06457 *YELLOW COPY: REPORTER COPY*

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SUMMARY OF LEGAL REQUIREMENTS CONCERNING CHILD ABUSE/NEGLECT

PUBLIC POLICY OF THE STATE OF CONNECTICUT

To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

WHO IS MANDATED TO REPORT CHILD ABUSE/NEGLECT?

Battered Women's Counselors
Chiropractors
Clergymen
Dental Hygienists
Dentists
Licensed Marital and Family Therapists
Licensed or Unlicensed Resident Interns
Licensed or Unlicensed Resident Physicians
Licensed Physicians
Licensed Practical Nurses
Licensed Substance Abuse Counselors
Licensed Surgeons
Medical Examiners
Mental Health Professionals
Optometrists
Osteopaths
Pharmacists
Physical Therapists
Physician Assistants
Podiatrists
Police Officers
Psychologists
Registered Nurses
School Guidance Counselors
School Paraprofessionals
School Principals
School Teachers
Sexual Assault Counselors
Social Workers

Any person paid to care for a child in any public or private facility, day care center or family day care home which is licensed by the State.

DO THOSE MANDATED TO REPORT INCUR LIABILITY?

No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

IS THERE A PENALTY FOR NOT REPORTING?

Yes. Any person, institution or agency required to report who fails to do so shall be fined not more than $500.00.

IS THERE A PENALTY FOR MAKING A FALSE REPORT?

Yes. Any person, institution or agency who knowingly makes a false report of child abuse or neglect shall be fined not more than $2,000.00 or imprisoned not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

WHAT ARE THE REPORTING REQUIREMENTS?

- An oral report shall be made by a mandated reporter by telephone or in person to the Hotline or to a law enforcement agency within twenty-four hours of having, in their professional capacity, reasonable cause to suspect or believe that a child has been abused or neglected or is placed at imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify Hotline. Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report to Hotline.

  __Note__: Oral reports to the Hotline shall be recorded on tape.

If the mandated reporter is a staff person of a public or private school, institution or facility that provides care for the child, the reporter shall also submit a copy of the written report to the person in charge or the person's designee.

- In the case of a report concerning a certified school employee, a copy of the written report shall also be sent to the Commissioner of Education or his representative, by the person in charge of the institution, school or facility.
- In the case of an employee of a facility or institution which is licensed by the State, a copy of the written report shall also be sent by the mandated reporter to the executive head of the state licensing agency.

WHAT MUST BE REPORTED?

If in your professional capacity, you have reasonable cause to suspect or believe any of the following has been inflicted upon a child or youth by a person responsible for such child's health, welfare or care, or by a person given access to such child by such responsible person, you are mandated to report it.

__Note__: A non-mandated reporter may report "in danger of abuse."

Child Abuse: any child or youth who has a non-accidental physical injury, or injuries which are at variance with the history given of such injuries, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

Child Neglect: any child or youth who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his well-being.

***Exception:** The treatment of any child by an accredited Christian Science practitioner shall not of itself constitute neglect or maltreatment.*

Child Under 13 with Venereal Disease: a physician or facility must report to Hotline upon the consultation, examination or treatment for venereal disease of any child not mon than twelve (12) years old.

DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?

Yes. Any person having reasonable cause to suspect or believe that any child or yout under the age of eighteen (18) is in danger of being abused or has been abused c neglected, may cause a written or oral report to be made to Hotline or a law enforcemer agency. A person making the report in good faith is also immune from any liability, civil c criminal. However, the person is subject to the penalty for making a false claim.

WHAT IS THE AUTHORITY AND RESPONSIBILITY OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)?

All children's protective services are the responsibility of the Department of Children and Families.

Upon the receipt of a child abuse/neglect report, Hotline shall cause the report to be classified, evaluated immediately and forwarded to the appropriate investigation unit fo the commencement of an investigation within timelines specified by statute and policy.

If the investigation produces evidence of child abuse/neglect, the Department shall tak such measures as it deems necessary to protect the child, and any other childre similarly situated, including, but not limited to, immediate notification to the appropriat law enforcement agency, and the removal of the child or children from his home wit the consent of the parents or guardian or by order of the Superior Court, Juvenil Matters.

If the Department has probable cause to believe that the child or any other child in th household is in imminent risk of physical harm from his surroundings, and tha immediate removal from such surroundings is necessary to ensure the child's safety the Commissioner or designee, shall authorize any employee of the Department or an law enforcement officer to remove the child and any other child similarly situated fron such surroundings without the consent of the child's parent or guardian. The removal o a child shall not exceed ninety-six (96) hours. If the child is not returned home withi such ninety-six hour period, with or without protective services, the Department shall fil a petition for custody with the Superior Court, Juvenile Matters.

WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS HOME?

- 96-Hour Hold by the Commissioner of DCF (see above)

- 96-Hour Hold by a Hospital - Any physician examining a child with respect t whom abuse or neglect is suspected shall have the right to keep such child in th custody of a hospital for no longer than ninety-six hours in order to perfor diagnostic tests and procedures necessary to the detection of child abuse c neglect and to provide necessary medical care with or without the consent of suc child's parents or guardian or other person responsible for the child's car provided the physician has made reasonable attempts to (1) advise such child' parents or guardian or other person responsible for the child's care that h suspects the child has been abused or neglected and (2) obtain consent of suc child's parents or guardian or other person responsible for the child's care. I addition, such physician may take or cause to be taken photographs of the are of trauma visible on a child who is the subject of such report without the conse of such child's parents or guardian or other person responsible for the child' care. All such photographs or copies thereof shall be sent to the local polic department and the Department of Children and Families.

- Custody Order - Whenever any person is arrested and charged with an offens under section 53-20 or 53-21 or under part V, VI, or VII of chapter 952, a amended, the victim of which offense was a minor residing with the defendan any judge of the Superior Court may, if it appears that the child's condition c circumstances surrounding his case so require, issue an order to th Commissioner of Children and Families to assume immediate custody of suc child and, if the circumstances so require, any other children residing with th defendant and to proceed thereon as in cases reported.

WHAT IS THE CHILD ABUSE CENTRAL REGISTRY?

The Department of Children and Families maintains a registry of reports received an permits its use on a twenty-four hour daily basis to prevent or discover child abuse children. Required confidentiality is ensured. Call 1-800-842-2288.

***STATUTORY REFERENCES:** §17a-28; §17a-101 et.seq.; §46b-120.*

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Appendix B

Sample Head Start reporting protocol

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LITCHFIELD COUNTY HEAD START
ABUSE AND NEGLECT POLICY

DEFINITIONS *

Child abuse is the non-accidental physical or mental injury, sexual abuse or neglect of a child under the age of 18 by a person responsible for the child's health, welfare or care, or by a person given access to the child by the responsible person. The forms of abuse and neglect include:

Physical abuse: injuring a child by shaking, beating, burning or other similar acts.

Sexual abuse: engaging in sexual behavior with a child or allowing sexual exploitation of a child.

Emotional abuse: excessive belittling, teasing or berating which impairs a child's psychological growth.

Neglect: failing to provide for a child's basic needs (i.e. food, clothing, shelter, hygiene, education, medical care and supervision).

At-risk: placing a child in danger of abuse. (e.g. threatening a child with bodily harm).

* Ct. Dept. of Children and Families, "Reporting Child Abuse and Neglect.

PROCEDURES

Staff are trained to recognize signs of abuse and/or neglect. Staff understand that they are mandated reporters. Staff receive training in abuse and/or neglect policies and procedures. Parents are given information about abuse and/or neglect. Our curriculum includes activities that foster self esteem and personal safety awareness.

Mandated reporters must report orally to DCF or a law enforcement agency within 24 hours of suspecting that a child has been abused, neglected or is in danger of being abused.

> This includes reports in which a school employee is the suspected perpetrator. Mandated reporters who work for a hospital, social welfare agency or other institution must also report directly to DCF or the police (not to the head of the institution).

After making a report, mandated reporters who are members of the staff of a public or private institution or facility that cares for children, or a public or private school must also notify the head of the school, institution or facility or designee.

In the case of a report concerning an employee of a facility or institution that provides care for a child that is licensed by the state, a written report must also be sent to the executive head of the state licensing agency.

Employers may not discharge, discriminate or retaliate against an employee for making a good faith report or testifying in an abuse or neglect proceeding. The attorney general can bring a court action against any employer who violates this provision, and the court can assess a civil penalty of up to $2,500 plus other equitable relief.

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Mandated reporters are under no legal obligation to inform parents that they have made a report to DCF about their child. However, depending on the circumstances, it may be necessary and/or beneficial to do so.

When conducting a child abuse or neglect investigation, DCF or a law enforcement agency must coordinate activities to minimize interviews with any child. When consent of the parent, guardian or person responsible for the child's care is not required, the interview may be conducted in the presence of a disinterested adult. If a disinterested adult is not available after reasonable search and immediate access is necessary to protect the child from imminent risk of physical harm, DCF or a law enforcement agency will still interview the child.

Any public or private institution or facility providing child care may suspend a staff person when an investigation produces evidence that the person abused a child. The suspension must be with pay, not diminish or terminate the employee's benefits, and remain in effect until the investigation is completed.

KB
12/00

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LITCHFIELD COUNTY HEAD START
DISCIPLINARY POLICY

The program has rules which are demonstrated consistently during the year. These rules are used to set limits necessary to protect the rights of each child.

In correcting a child who has exceeded a limit, two steps are taken. First a child is given a verbal warning or reminded of the rule or limit, so the chid has a chance to check and/or change his/her behavior. If the problem persists or in case of more serious incidents, an adult will step in and remove the child from the activity. The adult will discuss alternative behaviors with the child and/or redirect the child to a more appropriate activity.

At no time will a child be neglected, hit, physically harmed, verbally abused, or caused to suffer humiliating or frightening punishment by an adult. At no time will a child be left unsupervised.

Food is never used as a punishment or reward. Children are encouraged, but not forced, to eat or taste food. If a child refuses a food, it is offered again at some future time. Forcing children to eat, or using desserts or other food as reward or punishment may create problem eaters and unpleasant or undesirable associations with the food. Stars, stickers, and other gimmicks to encourage children to eat are not appropriate.

Parents as given a copy of the program "Disciplinary Policy" as a part of parent orientation.

The "Disciplinary Policy" is reviewed annually.

LITCHFIELD COUNTY HEAD START
POLICY AND PROCEDURE
REPORTING SUSPECTED CHILD ABUSE / NEGLECT

FLOW OF EVENTS

1. Staff person identifies suspected case/incident of child abuse/neglect and makes verbal report to Social Service Manager.

2. If appropriate, health professional observes child and may conduct examination with another staff person present

3. Social Service Manager accesses as much pertinent information as available by examining child's files and questioning other team members.

4. Call is made to DCF for technical assistance and to determine if a formal report is appropriate. 1-800-842-2288

5. Plan of action is developed in conjunction with DCF recommendations.

6. If appropriate, verbal report is made to DCF and followed up within 72 hours by written report.

7. Home visit is made to inform parent(s) of report if desirable. It is made clear to parents that the report is not a punitive action, but an action taken to initiate intervention assistance for the child and family in receiving the greatest benefit from this intervention.

8. Supportive services plan is developed that may include home visit to parent, accompanying child home, assuring that health care is provided if needed, mobilizing social services and/or mental health care, and participation in parent activities and perhaps classroom activities.

9. Plan is enacted and monitored by Social Service Manager with regular contact maintained with PSU and other involved providers.

10. Staff refrains from displaying anger or repugnance to child or family. Child is not singled out in program.

11. All procedures are conducted in a professional manner and activities are kept confidential except among staff members directly involved.

12. Reports are housed in the Social Service section of the central file.

rev. 2/95 - update 8/95

Appendix C

Sample Release of Information

AUTHORIZATION FOR RELEASE OF INFORMATION

DCF-2131 11/88 (Rev.)

TO THE DEPARTMENT OF CHILDREN AND FAMILIES

I authorize →

NAME OF AGENCY

ADDRESS

through his/her designee, to release information from the record of →

CASE NAME

DATE OF BIRTH

To the Commissioner of DCF, Superintendent of USD II or designee. →

NAME OF DCF DESIGNEE

TITLE

ADDRESS

Check all that apply. →

☐Psychiatric Records ☐Medical ☐Other (specify) :

☐Psychological Records ☐Education

This information will be used for the purpose of →

☐Case planning for child protective services ☐Development/Implementation of Education Program

☐Other (specify):

The nature and extent of the information to be disclosed will be the entire record, unless otherwise specified below. Limited information requested:

☐Evaluation ☐Outpatient Records ☐Laboratory Reports ☐Discharge Summary ☐Other (specify):

This authorization will expire 180 days after the date of signature. This authorization may be revoked by me at any time, by providing notice of its revocation in writing to the designee listed above.

I understand that the confidentiality of my record is protected by Federal Confidentiality Regulations 42CFR (part 2) and Chapter 899 of the Connecticut General Statutes.

NAME:

WITNESS:

SIGNATURE: CLIENT SIGNATURE OR PARENT OR GUARDIAN IF CLIENT IS UNDER 18 YEARS OF AGE.

DATE:

If this form has not been signed by the client, please state the signer's name, relationship to the client and, if necessary, explain why the client did not sign. The statement should demonstrate that the signer is authorized to consent to release of the client's records.

FROM THE DEPARTMENT OF CHILDREN AND FAMILIES

I authorize the Commissioner of DCF, Superintendent of USD II, or designee →

NAME OF DCF DESIGNEE

TITLE

ADDRESS

To release information from the record of →

CASE NAME

DATE OF BIRTH

To →

NAME OF AGENCY OR FOSTER PARENT

(AND ANY FUTURE FOSTER PARENT NEEDED TO PROVIDE CARE)

ADDRESS

Check all that apply. →

☐Psychiatric Records ☐Medical ☐Other (specify):

☐Psychological Records ☐Education

This information will be used for the purpose of →

☐Case planning for child protective services ☐Development/Implementation of Education Program

☐Other (specify):

The nature and extent of the information to be disclosed will be the entire record, unless otherwise specified below. Limited information requested:

☐Evaluation ☐Outpatient Records ☐Laboratory Reports ☐Discharge Summary ☐Other (specify):

This authorization will expire 180 days after the date of signature. This authorization may be revoked by me at any time, by providing notice of its revocation in writing to the designee listed above.

I understand that the confidentiality of my record is protected by Federal Confidentiality Regulations 42CFR (part 2) and Chapter 899 of the Connecticut General Statutes.

NAME:

WITNESS:

SIGNATURE: CLIENT SIGNATURE OR PARENT OR GUARDIAN IF CLIENT IS UNDER 18 YEARS OF AGE.

DATE:

If this form has not been signed by the client, please state the signer's name, relationship to the client and, if necessary, explain why the client did not sign. The statement should demonstrate that the signer is authorized to consent to release of the client's records.

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Litchfield County Head Start Program
Authorization for Release of Information

Date:________________________

TO:________________________ RE:________________________

Name of Releasing Agent Name

________________________ ________________________

Address Address

________________________ ________________________

City, State, Zip Birth Date

I, the undersigned, give my permission to______________________________ to
(Releasing Agent)

release the following information to the Litchfield County Head Start Program.

REPORTS REQUESTED:

PLEASE SEND REPORTS TO THE ATTENTION OF:

Litchfield County Head Start Program
P.O. Box 909
Litchfield, CT 06759-0909

It is my understanding that the released information will be used in the educational planning for the above named child.
I further understand that releasing these records,________________________
(releasing agent)
will simultaneously, in written statement, inform the requesting individual or agency that they, the receiver, cannot by law subsequently release the data, in personally identifiable form, to any other party without, in turn, obtaining written consent of a parent.

____________________________ ________________________

Signature of Parent/Guardian Date

Appendix D

List of questions to ask Head Start

Suggested Questions for DCF to ask Head Start

Important Note: The following questions are suggested for use by DCF investigation and ongoing services workers when contacting Head Start for further information concerning a child and his/her family. These questions are designed to assist DCF staff in obtaining complete information in all of the areas that Head Start provides serves; obtaining thorough information from Head Start will aid DCF in formulating comprehensive plans for supportive intervention and treatment with children and their families. In using these questions as a guide, it is important that DCF workers value and respect the relationships formed between parents and Head Start staff. Additionally, mutual respect between DCF and Head Start staff is imperative for open, ongoing communication to occur, and for the agencies to develop a close working relationship.

Before asking questions:

Explain the current situation concerning the child to the Head Start representative. Let Head Start know if you have a release-of-information signed by the parent(s); briefly review the parameters of the release, e.g. for written records, verbal exchange, etc. If you do not have a signed release, you may consider asking for Head Start's assistance in obtaining the parent's signature.

Questions concerning general family information:

- How long has Head Start known this family?
- How long has Head Start known this particular child? How long has he/she attended Head Start?
- What is the composition of the family?
- Does anyone else live in the home?
- Who is the child's primary caretaker?
- Does the parent(s) work?
- Do you know of any relatives or close family friends who may be a placement resource (should the child require placement)?

Questions concerning Head Start's knowledge of the parent's functioning:

- Have you observed any interactions between the child and parent(s)? If so, can you describe those interactions?
- Can you describe the parent's relationship with the child?
- Have you ever observed a pattern of behavior that has caused you to be concerned for the care and safety of the child?
- Is the parent able to participate in Head Start activities, e.g. parenting classes, classroom volunteer? If so, how does the parent participate?

Questions concerning the specific child:

- Is the child's attendance consistent?
- Has Head Start ever had any concerns regarding the child or siblings: classroom behavior, hygiene, frequent injuries or suspicious injuries, poor attendance, unmet health needs?
- If so, have you ever talked with the parent regarding these concerns? What steps did the parent take to resolve the concerns? What was the outcome?
- Does Head Start have up-to-date medical information on this child? If so, are there any noted medical issues or concerns, e.g. illnesses, medications required, etc.?
- Can you describe the child's behavior?
- Has Head Start ever conducted, recommended, or requested a mental health observation of this child (conducted in the classroom)? If so, what was the outcome? When was this completed? By whom? How may DCF obtain a copy of this information?
- Has Head Start ever made a referral for a mental health assessment? If so, what was the outcome? When was this completed? By whom? How may DCF obtain a copy of this information?
- Has Head Start ever spoken with the family about the child's mental health? If so, what steps did the parent take? What was the outcome?
- Does Head Start have any concerns regarding the child's learning abilities, e.g. concerns about disabilities? Has Head Start ever conducted, recommended, or requested an assessment of the child's learning abilities? If so, when was this conducted? By whom? How may DCF obtain a copy of this information?
- Has Head Start ever spoken with the family about the child's learning abilities? If so, what steps did the parent take? What was the outcome?

Questions concerning Social Services:

- Has the family completed a Family Partnership agreement? What are the current goals the family is working toward?
- What are the strengths of the family?
- Has Head Start conducted a home visit? Can you describe the visit? During that visit, was there anything that raised concerns for you? Can you describe the parent/child interaction during that visit?

Any other information:

- Does Head Start have any other information concerning this child and his/her family that may be helpful for DCF to know?
- Do you have any concerns regarding substance abuse or family violence?

Closure:

In closing, ask Head Start to contact you with further information. Also, ask Head Start how they might assist you should the child need placement, e.g. if the child is moved out of the community, how can DCF facilitate enrollment in another Head Start program. Ask Head Start if they would be willing to participate in treatment planning and administrative case reviews. Additionally, if the child remains at home, explain to Head Start how the program may assist DCF in ensuring the safety of the child and facilitating/encouraging assistance for the parent(s).

Appendix E

List of DCF and Head Start contacts

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APPENDIX E
DCF Contacts

Waterbury Office:

Carl Graham-Leichner, Program Director	203-759-7247
Joyce Lee Taylor, Mental Health Program Director	203-759-7268
Patricia Zuccarelli, Investigations Program Supervisor	203-759-7002
Cheryl Wood-Owens, Investigations Program Supervisor	203-759-7003
Bette Randlett, Foster Care and Permanency, Program Supervisor	203-759-7001
Jeanette White, On-Going Services Program Supervisor	203-759-7000
Gladys Bournival, Head Start Liaison	203-759-7227

Danbury Office:

George Doyle, Program Director	203-759-7214
Robert Allensworth, Investigations Program Supervisor	203-207-5102
Ileana Velazquez, On-Going Services Program Supervisor	203-207-5172
Peggy Allen, Head Start Liaison	203-207-5163

Torrington Office:

George Doyle, Program Director	203-759-7214
Myra Helt, Investigations/On-Going Services Program Supervisor	860-496-5701
Melita Joiner, Head Start Liaison	860-496-5761

APPENDIX E
Head Start Contacts

Danbury Head Start
7 Old Sherman Turnpike
Suite 206
Danbury CT 06810
Contact: Social Service Manager at 203-743-3993
Communities Served: Danbury

Education Connection
355 Goshen Road
Litchfield CT 06759
Litchfield County Head Start
Contact: Social Service Manager at 860-567-0863, X145
Communities Served: Litchfield County including Winsted, Terryville, Plymouth, Thomaston, Torrington, Litchfiend, Goshen, Morris, New Milford and surrounding areas
Early Head Start
Contact: Early Head Start Program Manager at 860-626-8201
Communities Served: Torrington and Winsted

Naugatuck Head Start
174 Coen Street
Naugatuck CT 06770
Contact: Social Service Manager at 203-729-2390
Communities Served: Naugatuck

New Opportunities for Waterbury/NOW
444 Main Street
Waterbury CT 06702
Head Start
Contact: Family Service Manager at 203-759-0841, X250
Communities Served: Waterbury
Early Head Start
Contact: Early Head Start Program Manager at 203-759-0841, X251
Communities Served: Waterbury

Appendix F

Fact sheet on voluntary services through DCF

DCF FACT SHEET
FOR
VOLUNTARY SERVICES

Mission

In compliance with Public Act 97-272, voluntary services is a DCF operated program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. This program is only for families who are not abusive or neglectful. Voluntary services emphasizes a community-based approach, and attempts to coordinate service delivery across multiple agencies. At the foundation of this program is the requirement that parents and families are involved in the planning and delivery of services to their child or youth. Voluntary services reduces reliance on restrictive forms of treatment and out-of-home placement and ultimately, promotes positive development.

Program

Referrals: All referrals are made to the DCF Hotline (1-800-842-2288). The Hotline then forwards the information to the appropriate regional office for follow-up. Examples of who may suggest voluntary services include:

- An investigator who has gone to the home and has not substantiated abuse or neglect;
- Clinicians, psychiatric hospitals and schools;
- Other clients; and
- Juvenile court.

A child or youth and his/her parents must make the actual referral themselves.

Eligibility Criteria: A child or youth is eligible for voluntary services if the following criteria are met:

- The child or youth has a serious emotional or behavioral disorder.
- The child or youth has an emotional disturbance and/or is substance dependent.
- The child or youth's treatment needs cannot be met through existing services available to the parent or guardian.
- The child or youth's disorder or disturbance can be treated and within the resources available to the Department at the time of application.
- The child or youth has not reached the age of eighteen at the time of referral.

A child or youth is not eligible for the program if:

- The family of a child or youth has an active child protective services case with the Department or is the subject of an investigation by the Department because of an allegation of child abuse or neglect.
- The child or youth has been arrested under the adult criminal system.
- The child or youth requires placement because of special education needs.

Services Available: Each region offers an array of services as part of this program. Not all of the services listed are necessarily appropriate for every family.

- Intensive family preservation: A 10-12 week service within which a worker meets with the family two times a week and is available by beeper 24 hours a day.
- After-care services: Services intended to help the family with a child or youth's transition to the home after he/she is released from a residential facility.
- Mentor services (support counselors)
- In-home therapist (support specialists)
- Intensive Behavior Management Training
- Respite program: A worker goes to the home and spends time with the child or youth, allowing the parents some free time to address other demands or issues.
- Extended Day Treatment Services
- Out-of-Home Treatment

A child admitted into voluntary services is eligible for out-of-home placement if:

- An appropriate department-approved treatment program or facility is available.
- The parent-child relationship will be maintained during and after implementation of the service plan.
- There is an expectation that the child or youth will return to the family when the service plan is completed.

Process

- A family has sixty days to submit a completed application; the assigned DCF staff assists the family in completing the application. The assigned DCF staff has two weeks, once the application has been submitted, to determine eligibility.
- No more than one hundred and twenty days (4 months) after admitting a child or youth on a voluntary basis, DCF will petition the probate court for a determination as to whether or not continuation in the program is in the child's best interest and, if so, if the individual system of care plan is appropriate. A probate court hearing must be held within 60 days of the petition (180 days after admission into the program).
- No more than twelve months after a child or youth is admitted, the Commissioner will file a motion with the probate court requesting a hearing on the status of the child or youth.
- The case closes when the initial goals established for the family and child or youth are met. This decision should be mutual between the family and the assigned DCF staff. Conflicts that cannot be resolved can be brought before the probate court.
- The child or youth and family may be terminated from the program if they do not cooperate with the service plan or if the child or youth is no longer benefiting from the program.

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Appendix G

Head Start regulations cited in this protocol

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1304.40

Family Partnerships

(a) Family Goal Setting

(b) Accessing Community Services and Resources

(c) Services to Pregnant Women who are Enrolled in Programs Serving Pregnant Women, Infants, and Toddlers

(d) Parent Involvement - General

(e) Parent Involvement in Child Development and Education

(f) Parent Involvement in Health, Nutrition, and Mental Health Education

(g) Parent Involvement in Community Advocacy

(h) Parent Involvement in Transition Activities

(i) Parent Involvement in Home Visits

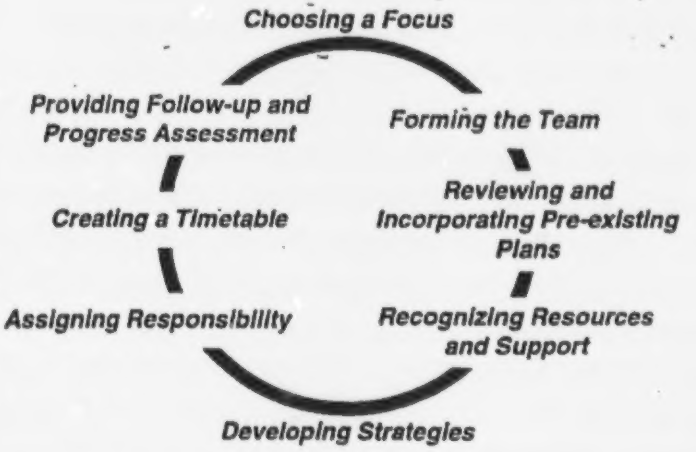
SUBPART C — FAMILY AND COMMUNITY PARTNERSHIPS

INTRODUCTION TO 1304.40

Head Start offers parents opportunities and support for growth, so that they can identify their own strengths, needs and interests, and find their own solutions. The objective of 45 CFR 1304.40 is to support parents as they identify and meet their own goals, nurture the development of their children in the context of their family and culture, and advocate for communities that are supportive of children and families of all cultures. The building of trusting, collaborative relationships between parents and staff allows them to share with and to learn from one another.

This section discusses family goal setting through the family partnership agreement process, access to community services and resources, services to pregnant women, and parent involvement across all areas of Head Start — including child development and education, health, nutrition, mental health education, community advocacy, transition practices, and home visits.

PARTNERSHIP PROCESS


Choosing a Focus
Forming the Team
Reviewing and Incorporating Pre-existing Plans
Recognizing Resources and Support
Developing Strategies
Assigning Responsibility
Creating a Timetable
Providing Follow-up and Progress Assessment

Performance Standard 1304.40(a)(1)

(a) Family goal setting.

(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

Performance Standard 1304.40(a)(2)

(2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).

Rationale: By working in a partnership that is driven by parents' identification of their family's strengths and needs, parents and staff determine how the program can support families in pursuing their goals. *This rationale serves 45 CFR 1304.40(a)(1)-(5).*

Guidance: Early establishment of a partnership process between parents and staff provides for the exchange of valuable information about the child and her or his family. Sensitivity to family privacy is important, however, as parents have the right to choose how much personal information to share, as well as if and how this information is recorded. The desire of agencies to collect information "up front," therefore, must be balanced against the necessity of allowing time for staff and families to develop meaningful one-on-one relationships. Early and frequent interaction and follow-up help build trusting relationships. Once such relationships are established, parents will be more likely to openly discuss issues that interest or concern them.

Related Information: See 45 CFR 1304.51(g) concerning record-keeping systems.

Guidance: The family partnership agreement process provides opportunities for families to set goals and to design an individualized approach for achieving those goals. Staff assist families, when they are ready, in identifying and defining goals in measurable terms, discussing what needs to be done to achieve these goals, and how the accomplishment of each goal will be determined.

The emphasis here is on the process of relationship building, and not on the agency's system of keeping family records. Because the family partnership agreement process is family driven, plans will vary across families, and, in some cases, may not be written documents. In order to help families document the agreement process and progress toward achievement of their goals, methods such as written plans, case notes, tape recordings or other means are used. In the case of families returning or moving from an earlier Head Start experience, the partnership process builds upon any existing agreement.

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Performance Standard

1304.40(a)(3)

(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

Guidance: To facilitate efficient access to appropriate information, grantee and delegate agencies:

- Discuss with families other community agencies that are assisting them currently or have assisted them previously;
- Develop an approach to confidential information sharing that is sensitive to family privacy and endorsed by all human service agencies in the community; and
- Develop strategies with other community agencies to ensure that responsibility for delivering services to the family is shared properly.

When working with other community agencies or organizations that may appropriately have the lead in case management, the grantee or delegate agency does not require parents and staff to duplicate needlessly the process of developing family plans. Instead, it is more useful to support families in achieving the goals set in preexisting family plans. In such instances, the grantee or delegate agency documents its efforts to participate in the process of supporting the accomplishment of goals.

Performance Standard

1304.40(a)(4) & (5)

(4) A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.

(5) Meetings and interactions with families must be respectful of each family's diversity and cultural and ethnic background.

Guidance: In collaboration with parents, staff develop a variety of group and individual opportunities to interact with parents on a regular basis. Interactions with families recognize the customs and beliefs of children and families. To develop meaningful relationships with families, agencies:

- Work with Parent Committees to plan and publicize an array of individual options and group activities;
- Include culturally relevant activities that interest both men and women;
- Plan activities at varying times of the day and week — such as at breakfast, at the end of the day, or on weekends — in order to encourage the participation of as many parents as possible;
- Develop alternative work schedules to allow staff to interact with working families during weekend events, such as picnics, religious and Tribal ceremonies, or other cultural events;
- Respect the uniqueness of each family, and train staff and volunteers to recognize that families differ across many dimensions, including language, family structure, religion, and educational and socioeconomic background;
- Maintain an annual calendar of culturally relevant dates, taking care not to acknowledge one group while possibly slighting another;

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- Consider the needs of family members with disabilities when planning meetings and activities; and
- Honor the primary language of the family by enlisting the aid of bilingual and biculturally trained individuals who have experience with the cultures and languages of families.

Performance Standard 1304.40(b)(1)

(b) Accessing community services and resources.

(1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

Rationale: All families can benefit from access to community services and resources. *This rationale serves 45 CFR 1304.40(b)(1)-(2).*

Related Information: See 45 CFR 1304.40(b)(2) regarding follow-ups to service referrals, 45 CFR 1304.40(g)(1)(ii) on providing comprehensive information about community resources, and 45 CFR 1304.41(a)(2) on establishing collaborative relationships with community organizations.

Guidance: Because of the diversity of interests and needs of families, staff are familiar with the array of available services (and of the quality of such services). Agencies assist parents in learning how to identify and access community services in the following ways:

- Make appropriate references in the family partnership agreement process to community resources that are critical for accomplishing goals;
- Provide up-to-date resource directories, invite representatives from various community agencies to speak with individual families and at committee meetings, and maintain displays that include brochures and information sheets concerning community services;
- Assist in locating services, translators, and translations in the families' preferred languages; and
- Form partnerships with other community agencies to assist families to gain access to services and resources.

Performance Standard 1304.40(b)(1)(i)

(i) Emergency or crisis assistance in areas such as food, housing, clothing, and transportation;

Guidance: Families may require immediate assistance; and, agencies have clear policies and guidelines related to crisis intervention in order to address these needs. It is important to train staff in culturally sensitive, realistic crisis intervention techniques and procedures for referring families to appropriate resources in the community. Home visitors and other staff who provide services directly to families are able to identify signs of crisis, to make referrals that link families to appropriate services, and to support families during crisis periods, without building dependence.

Performance Standard 1304.40(b)(1)(ii)

(ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; and

Related Information: See 45 CFR 1304.24(a)(3)(iv) concerning community mental health resources, 45 CFR 1304.40(f) regarding mental health education programs, and 45 CFR 1304.41(a)(2)(ii) concerning community partnerships with mental health providers. Also, see 45 CFR 1301.31(e), Appendix A to 45 CFR 1301.31, and 45 CFR 1304.22(a)(5) concerning requirements for reporting child abuse and neglect, and 45 CFR 1304.52(k)(3) for related training.

Guidance: Agencies assist parents to form linkages with counseling programs that target specific mental health issues. Educational materials and opportunities to learn about mental health can be provided through brochures, bulletin boards, community resource and referral information, support groups, and by ensuring that well-informed staff are available to informally and confidentially discuss issues with children and families and to make appropriate referrals.

Mental health information to parents includes, but should not be limited to:

- prevention programs for at-risk families,
- help for other family members through such groups as Al-Anon and other support organizations,
- identification of resources relating to domestic violence, and
- information about local substance abuse treatment programs.

Performance Standard 1304.40(b)(1)(iii)

(iii) Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

Guidance: Staff assist parents in identifying and securing access to continuing education, training, and employment opportunities by:

- Encouraging and assisting parents to participate in and keep a record of volunteer work and training activities, both inside and outside the Head Start community, particularly in areas that may lead to paying jobs;
- Providing information and referrals to education and training programs;
- Establishing a formal career path within the Head Start program;
- Forming partnerships with family literacy and adult education programs, training programs, and employment service programs; and
- Becoming a formal training or work site for welfare-to-work programs.

Performance Standard

1304.40(b)(2)

(2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.

Guidance: While Head Start staff and families are assessing the accomplishment of goals identified through the family partnership agreement process, they also discuss the level of family satisfaction with the services they receive. To determine such satisfaction (or lack of satisfaction), staff may ask parents to discuss questions such as:

- Did the services match your family's individual needs and expectations?
- Did the service agency treat you with understanding and respect?
- What problems, if any, did you encounter at the agency?
- Do you have suggestions for what Head Start staff could do to improve the process of referring families to services?

By accompanying parents to community agencies on a periodic basis, staff can see for themselves whether or not families are receiving the requested services, and whether the referral process needs to be improved.

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Performance Standard 1304.52(k)(1)-(3)

(k) Training and development.

(1) Grantee and delegate agencies must provide an orientation to all new staff, consultants, and volunteers that includes, at a minimum, the goals and underlying philosophy of Early Head Start and/or Head Start and the ways in which they are implemented by the program.

(2) Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 45 CFR 1306.23.

(3) At a minimum, this system must include ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Head Start Program Performance Standards. This program must also include:

(continued, next page...)

- **Providing employees with information on or confidential referrals to community agencies, including community mental health centers and/or alcohol and drug counseling centers; and**
- **Providing, or brokering, professional Employee Assistance Programs (EAPs).**

Rationale: **One of the most important determinants of program excellence is the presence of a well-trained, qualified staff. In order for staff to do their jobs effectively and to meet the changing needs of the children and families served, agencies must have a system that supports staff in a process of continuous learning. A structured approach to continuous learning addresses both program philosophy and individual job requirements. Two critical areas to be addressed in this approach are child abuse and neglect and family and child transitions.** ***This rationale serves 45 CFR 1304.52(k)(1)-(3).***

Related Information: Pre-service and in-service training opportunities are mandated by 45 CFR 1306.23 to assist staff and volunteers in acquiring or increasing the knowledge and skills required to fulfill their job responsibilities.

See 45 CFR 1304.52(b) for a description of staff qualifications; 45 CFR 1304.52(j) for requirements related to staff and volunteer health; and 45 CFR 1304.52(i) for the link between staff performance appraisals and staff development needs, and training.

See 45 CFR 1304.22(a)(5) on establishing local policies and procedures for the reporting of suspected child abuse and neglect, and 45 CFR 1301.31(e) and the Appendix to 45 CFR 1301.31 for requirements regarding child abuse and neglect. All staff need to be knowledgeable about their legal and professional responsibilities with regard to reporting suspected child abuse and neglect by parents, staff members, and others, in accordance with the provisions of Federal, State, Tribal, or local law.

See 45 CFR 1304.40(h) on parent involvement in transition activities. Also see 45 CFR 1304.41(c)(1)(iv) on the joint training of Head Start and other agency staff in transition services, and 45 CFR 1304.41(c)(2) concerning transition planning for children leaving Early Head Start.

Guidance: Staff training and development is a continuous, creative process, individualized to meet the goals of each employee while responsive to the overall program. An effective training and staff development system includes an orientation as well as ongoing opportunities that develop each staff member's skills and knowledge. Strategies to support the implementation of this system range from individualized coaching to formal college course work.

Performance Standard 1304.52(k)(3)(i) & (ii) (continued...)

(i) Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers; and

(ii) Methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program.

The orientation process is critical for all new staff, consultants, and volunteers, and includes the goals and philosophy of Head Start and:

- the mission and vision of the grantee,
- an introduction to and an explanation of the *Head Start Program Performance Standards* and how they apply to the specific program options, settings, and services, and
- program policies and procedures, including standards of conduct.

A structured approach to ongoing staff development:

- Is ongoing and supports the individual needs of staff;
- Builds on prior staff development activities and includes follow-up activities;
- Links to employees' performance appraisals;
- Uses a variety of approaches and current technology;
- Builds on the principles of adult learning; and
- Makes use of locally available resources.

To determine the elements of a training and development system, agencies consider the following process:

- assessment of staff and program goals and needs,
- design of a training and staff development plan,
- implementation of the plan, and
- evaluation of the process.

Each agency can decide the appropriate topics and target groups for its staff development opportunities through its assessment process. However, certain topics — specifically, child abuse and neglect and transition to and from Early Head Start or Head Start — are included in this structured approach.

Staff who have an ongoing relationship with families and are in families' homes on a regular basis need support concerning the issue of identifying and reporting suspected child abuse and neglect. To ensure that staff understand this responsibility, agencies:

- Provide staff with a copy of relevant laws;
- Organize a variety of training opportunities on how to identify and report child abuse and neglect; and
- Assign one individual the responsibility of supporting staff in their efforts to prevent, identify, and report child abuse and neglect.

Examples of methods that support successful transitions include:

- Preparing children and their families for transitions;

- Assisting parents in advocating for their children in the school system and in exercising their rights and responsibilities concerning the education of their children;
- Supporting parents in identifying and selecting child care;
- Maintaining ongoing communication and cooperation between the Early Head Start or Head Start program and the elementary school or other child care setting by
  - — encouraging elementary school or other child care teachers to visit Early Head Start and Head Start to understand its philosophy or encouraging joint training with elementary school teachers and other providers of child development services,
  - — developing effective methods for transferring records, and
  - — continuing transition activities throughout the year; and
- Developing written transition plans, and individualizing the plans, as appropriate, to meet the needs of children with disabilities.

Performance Standard

1304.52(k)(4)

(4) Grantee and delegate agencies must provide training or orientation to Early Head Start and Head Start governing body members. Agencies must also provide orientation and ongoing training to Early Head Start and Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively.

Rationale: Governing body and policy group members must have information about Head Start to develop the knowledge and skills needed to make informed decisions and to understand their own roles in governing an effective program.

Related Information: See 45 CFR 1304.50 and Appendix A to that section for a discussion of the structure and function of the governing bodies and policy groups; see *Linking Our Voices,* a video-based training that is used for orientation and ongoing training of policy group members.

Guidance: Agencies may use a variety of methods to familiarize members of the governing body and Policy Council or Policy Committee with Head Start and their program oversight responsibilities. These methods or strategies may include an orientation session for new members, video presentations, information packets, and staff presentations. Broad topics for orientation include:

- the agency's history, mission statement, and organizational structure,
- their roles and responsibilities in governing, organizing, and operating the program, and
- the goals, underlying philosophy, and performance standards of Early Head Start and Head Start.

To ensure that the training of policy group members is not limited to initial orientation, but also includes ongoing training, grantee and delegate agencies should schedule policy group training activities on a regular basis. The availability of a variety of group

(Approved by the Office of Management and Budget under control number 0980-0173)

[53 FR 5979, Feb. 29, 1988]

Appendix A to 1301.31 — Identification and Reporting of Child Abuse and Neglect

The Chapter N-30-356-1 in the Head Start Policy Manual reads as follows:

N-30-356-1-00 Purpose.
10 Scope.
20 Applicable law and policy.
30 Policy.

Authority: 80 Stat. 2304 (42 U.S.C. 2928h).

N-30-356-1-00 *Purpose.* This chapter sets forth the policy governing the prevention, identification, treatment, and reporting of child abuse and neglect in Head Start.

N-30-356-1-10 *Scope.* This policy applies to all Head Start grantee and delegate agencies that operate or propose to operate a Full-Year or Summer Head Start program, or experimental or demonstration programs funded by Head Start. This issuance constitutes Head Start policy and noncompliance with this policy will result in appropriate action by the responsible HEW official.

N-30-356-1-20 *Applicable law and policy.* Section 511 of the Head Start-Follow Through Act, Pub. L. 93-644, requires Head Start agencies to provide comprehensive health, nutritional educational, social and other services to the children to attain their full potential. The prevention, identification, treatment, and reporting of child abuse and neglect is a part of the social services in Head Start. In order for a State to be eligible for grants under the Child Abuse Prevention and Treatment Act (hereinafter called "the Act"), Pub. L. 93-247, the State must have a child abuse and neglect reporting law which defines "child abuse and neglect" substantially as that term is defined in the regulations implementing the Act, 45 CFR 1340.1-2(b). That definition is as follows:

A. "(b) 'Child abuse and neglect' means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare.

"1. 'Harm or threatened harm to a child's health or welfare' can occur through: Nonaccidental physical or mental injury; sexual abuse, as defined by State law; or neglectful treatment or maltreatment, including the failure to provide adequate food, clothing, or shelter. Provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services to be provided to the child, where his health requires it.

"2. 'Child' means a person under the age of eighteen.

"3. 'A person responsible for a child's health or welfare' includes the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution."

In addition, among other things, the State would have to provide for the reporting of known or suspected instances of child abuse and neglect.

It is to be anticipated that States will attempt to comply with these requirements. However, a Head Start program, in dealing with and reporting child abuse and neglect, will be subject to and will act in accordance with the law of the State in which it operates whether or not that law meets the requirements of the Act. Thus, it is the intention of this policy in the interest of the protection of children to insure compliance with and, in some respects, to supplement State or local law, not to supersede it. Thus, the phrase "child abuse and neglect," as used herein, refers to both the definition of abuse and neglect under applicable State or local law, and the evidentiary standard required for reporters under applicable State or local law.

Performance Standard 1304.22(a)(3)

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);

Guidance: A written plan for evacuating and for responding to a fire, flood, tornado, earthquake, hurricane, blizzard, violence in the community, and power failure saves valuable time in emergency situations. Plans include specifics, such as escape routes, assignments for all staff, and the location of the nearest fire alarm. Home visitors help parents to develop an emergency evacuation plan for their own home, as well as a strategy for how to help all family members above age two to understand and follow such a plan.

The Health Services Advisory Committee, emergency medical system (EMS) staff, the fire inspector, and the local fire department are helpful in developing an emergency plan.

Although it is impossible to anticipate each potential emergency situation, some emergencies are prepared for by taking precautions such as:

- Planning two exit routes from every location in the building;
- Having unannounced evacuation drills at least once a month, at varying times of the day; and
- Maintaining records of evacuation drills for the on-site inspection and review of the building inspector.

Performance Standard 1304.22(a)(4)

(4) Methods of notifying parents in the event of an emergency involving their child; and

Guidance: When contacting parents or other emergency contact persons, it is important for staff to calmly and succinctly relate all relevant information.

An incident or injury report form is useful in documenting what has happened to a child and what has been done to care for that child, as well as the notification made to parents and the parents' response to this notification.

Performance Standard 1304.22(a)(5)

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

Rationale: It is essential to intervene in any suspected case of abuse and neglect, both for the safety of the child and for the wellness of the family. Federal, State, and Tribal laws require educators and caretakers to report all suspected cases of abuse and neglect. Establishing these procedures helps staff determine when and to whom such a report needs to be made.

Related Information: See Appendix A to 45 CFR 1301.31, the *Identification and Reporting of Child Abuse and Neglect*, for a description of Head Start policy governing the prevention, identification, treatment, and reporting of child abuse and neglect; see 45 CFR 1304.41(a)(2)(vi) for information on collaborative relationships with child protective service agencies; and see 45 CFR 1304.52(k)(3)(i) for information on training staff to recognize and report child abuse and neglect.

Guidance: Head Start plays an important role in working with families to prevent child abuse and neglect. Head Start staff help to identify risk factors for abuse, and work with the family to clarify appropriate expectations, enhance parenting skills, and offer the family emotional support and resources. In establishing agency procedures for handling cases of suspected or known child abuse or neglect, agencies:

- Assure that agency policies are in compliance with applicable Federal, State, Tribal, or local child abuse and neglect laws regarding the definition of child abuse and neglect and the standards of evidence required for reporters under applicable laws;
- Establish a local agency reporting plan, as required by 45 CFR 1301.31(e);
- Contact the local, State, or Tribal agency responsible for receiving reports of suspected child abuse and neglect, in order to learn about specific reporting procedures. Agencies may include State and local child protective service (CPS) agencies, Indian child welfare programs, local police departments, or State or local departments of social services. Identify and establish relationships with problem-solving and support groups for abusers and potential abusers (e.g., Parents Anonymous) to provide referrals and training for prevention and intervention;
- Train all staff to identify and report child abuse and neglect. Ensure that staff do not, themselves, investigate suspected cases of child abuse and neglect. Their role is to report suspected cases to the appropriate agencies. Ensure that staff report to their supervisor regarding a suspected case of abuse or neglect;
- Provide special training and support to home visitors who, because they are in the families' homes on a regular basis and have an unusually close relationship with the parents, are in a special situation for reporting child abuse and neglect;
- Cooperate with enforcement agencies and, when possible, work with abusing or neglecting parents and caretakers to provide them with support, counseling, and other referrals;
- Encourage an appointed staff member to approach the individual(s) suspected of abuse or neglect, whenever appropriate, and if doing so will not constitute a danger to reporting staff; convey concerns and inform the individual(s) that a report to the appropriate authorities is being submitted;
- Ensure confidentiality of the individual reporting of the suspected abuse and of all reports of suspected abuse (see 45 CFR 1304.52(h)(1)(ii) for information on the program's confidentiality policy);
- Recognize that most States require only suspicion that abuse or neglect has occurred before reporting may take place; incidents must be reported as soon as they are

suspected, because waiting for proof may result in serious risks to the child; and

- Inform staff members of cultural differences in childrearing practices and direct them to discuss with a designated staff member any concerns regarding differences in child rearing practices.

Performance Standard 1304.22(b)(1)

(b) Conditions of short-term exclusion and admittance.

(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

Rationale: Temporarily excluding a child from program participation protects the health of the affected child, other children, and staff.

Guidance: Clear policies and procedures, developed by the agency with the involvement of the Health Services Advisory Committee, indicate those instances in which a child should be temporarily excluded from the program. This policy is conveyed to parents at enrollment, so that everyone concerned will understand and follow standard policy, and so that all may function as partners in determining whether the child in question stays home or not, and can plan accordingly.

Current, professionally established guidelines on short-term exclusion and readmittance may be used to develop agency short-term exclusion policies. When determining such policies and procedures, consideration should be given to whatever arrangements working parents make to care for their ill or injured child. When applicable, staff may suggest alternatives for child care, if reasonable modifications cannot be made in the program setting.

A child may be readmitted to the program when he or she meets appropriate criteria. Some conditions, however, may require approval by a local health official, before readmittance is possible or wise. Staff consult with the Health Services Advisory Committee or other local health officials regarding these conditions and readmittance recommendations.

Periodic Screening, Diagnosis and Treatment (EPSDT) program of the Medicaid programs and the Food and Consumer Service's Supplemental Nutrition Program for Women, Infants, and Children (WIC).

When selecting community partners in the area of mental health, it is important to consider the cultural appropriateness of the services provided, the sensitivity of mental health professionals to challenges facing Head Start families, and experience in working with young children.

Performance Standard

1304.41(a)(2)(iv)

(iv) Individuals and agencies that provide services to children with disabilities and their families (see 45 CFR 1308.4 for specific service requirements);

Related Information: See 45 CFR 1304.20(f)(2) concerning program individualization for children with disabilities.

Guidance: Grantee and delegate agencies are aware that under the Individuals with Disabilities Education Act (IDEA), the State Education Agency has the responsibility to ensure the availability of a "free and appropriate public education" for all children with disabilities, within the legally required age range in the State. As described in 45 CFR 1308.4, grantee and delegate agencies collaborate, in partnership with parents, with the State Education Agency, local education agencies (LEAs), Tribal agencies, and other agencies to ensure that all children with disabilities are provided with a comprehensive assessment, and a free, appropriate education.

When grantee or delegate agencies arrange for services through th local educational agency or another agency, a written agreement specifies the services to be provided directly by Head Start, as well as those services to be provided by other agencies. Grantee and delegate agencies serving children during summer months engage in additional negotiations with LEAs in order to secure services during months when most schools are not in session.

Performance Standard

1304.41(a)(2)(v) & (vi)

(v) Family preservation and support services;

(vi) Child protective services and any other agency to which child abuse must be reported under State or Tribal law;

Related Information: See 45 CFR 1301.31(e) and Appendix to 45 CFR 1301.31 for regulatory requirements relating to the identification and reporting of child abuse and neglect. Guidance also is available on methods for reporting cases of child abuse and neglect (45 CFR 1304.22(a)(5)), and for training volunteers and st (45 CFR 1304.52(k)(3)(i)).

Guidance: Family preservation and support programs have be the focus of Federal, State, Tribal, and local efforts to coordinate t delivery of social services to families served by multiple agencies. Grantee and delegate agencies:

- Identify and participate in any State, Tribal, or local coordination initiatives concerning family support and preservation programs, and to support the meaningful involvement of families in planning processes;
- Determine how grantee and delegate agencies can be an integral part of the community's family support system;

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- Seek out and consider establishing linkages to a broad range of support services, including drop-in centers, crisis-intervention programs, parenting classes, support groups, and recreational and social activities; and
- Encourage the development of family support and preservation programs in rural areas and in other areas where few such programs exist.

Grantee and delegate agencies also establish linkages with Child Protective Services (CPS) agencies, as well as with any law enforcement agencies or other agencies to which suspected child maltreatment must be reported by Federal, State or Tribal law.

Agencies contribute to community efforts to prevent and treat child abuse and neglect by collaborating with local child abuse prevention programs and with public and private agencies serving children and families affected by physical, emotional, or sexual abuse and neglect. It is important to advocate for CPS investigators who are familiar with the culture and speak the language of the families concerned.

Performance Standard

1304.41(a)(2)(vii)

(vii) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;

Related Information: See 45 CFR 1304.41(c) on working with local elementary schools to support successful transitions from Head Start into elementary school.

Guidance: Suggestions for increasing family access to educational and cultural materials and activities include:

- Developing partnerships with public and school libraries, bookmobiles, and traveling art exhibits;
- Taking advantage of cultural events, local museums, family concerts, storytelling activities, and other performances geared to children; and
- Inviting community organizations and groups to co-sponsor cultural events at Head Start facilities.

Performance Standard

1304.41(a)(2)(viii)

(viii) Providers of child care services; and

Related Information: See 45 CFR 1304.41(c) on working with providers of child care services to support successful transitions between Head Start and other child care settings.

Guidance: By collaborating with child care providers, agencies meet the needs of enrolled families requiring full-day services (or non-traditional child care schedules) or services for siblings and, at the same time, promote continuity of care. In addition, the overall quality of local child care services is enhanced by sharing local resources, training, and knowledge. The following are suggestions for collaboration:

- Initiate and coordinate opportunities for joint training;
- Use multiple funding sources to establish full-day services;

Appendix H

DCF Policies

CONDUCTING THE INVESTIGATION

Field Response

Policy

To conduct the field response, the investigator shall take the actions specified below within the established timeframes.

Also, see each of the following policies for more information related to the field response:

Cross-References:

34-3-5.1	*"Substance Abuse Testing and Evaluation"*
34-3-5.2	*"Domestic Violence Assessment"*
34-4	*"Response Time for Commencement and Completion of an Investigation"*
34-5	*"Required Contacts During an Investigation"*
34-6	*"Entrance to Client's Home"*
34-9	*"Services to Prevent Placement"*
34-11	*"Medical Examination of a Child"*
34-10-1 through 34-10-7	*"Removal of a Child"*
34-12-1 through 34-12-9.3	*"Special Investigations"*
34-13-1 through 34-13-3	*"Risk Assessment"*
36-15-5.1,	*"Service Agreement/Safety Plan"*

Legal Reference: *CONN. GEN. STAT. §17a-101 et seq.*

Home Visit or Site Visit

The investigator shall meet with the child and family at the child's home or at another site, as appropriate; e.g., school or hospital.

A home visit must be made during the investigation.

The purpose of the home visit is to

- observe the child and any siblings
- obtain the name, age and condition of other children residing in the same household
- determine the nature, extent and cause(s) of the reported abuse or neglect
- identify the perpetrator(s) of the abuse or neglect
- evaluate the parents and the home.

CONDUCTING THE INVESTIGATION

Home Visit or Site Visit (continued)

During the home visit, the investigator shall

- meet with the parents to
  - inform them of the Department's protective services program, including the investigation goals and process
  - provide the parents with the brochure, "Parent's Right to Know."

  Note: *The investigator shall document this discussion in the LINK case activity notes.*

- interview
  - each family member living in the home
  - non-family members with caretaker responsibilities or access to the child, as related to the report
- conduct interviews in the following order, if possible
  - child victim *(see below for interview conditions)*
  - siblings and other children in the home
  - adults in the home who are not alleged to have abused or neglected the child
  - the alleged perpetrator
- if substance abuse is suspected, use the "Substance Abuse Screening" tool, DCF-2110
- if domestic violence is suspected, use the "Domestic Violence Assessment" tool, DCF-2141.

Note: *If the family refuses to allow the investigator to conduct the investigation, other measures must be pursued in order to assess the safety of the child. The investigator, in consultation with his/her supervisor, may seek the assistance of the police and/or petition the Court.*

Conditions for Interviewing the Child Victim

The investigator shall conduct an interview with the child victim as follows:

- Coordinate investigatory activities in order to minimize the number of interviews of any child and share information with others who are authorized to conduct an investigation of child abuse or neglect, as appropriate.
- Obtain the consent of the parents or guardians or other persons responsible for the care of the child to any interview with the child, except that such consent shall not be required when the Department has reason to believe such parent or guardian or other person responsible for the care of the child or member of the child's household is the perpetrator of the alleged abuse or neglect.

> Note: *Unless the investigator has facts that exclude the parent or guardian as the perpetrator, the investigator shall proceed without consent until such time as the parent or guardian is excluded. A perpetrator includes one who is responsible for acts by omission or commission.*

If consent is not required to conduct the interview, such interview shall be conducted in the presence of a disinterested adult unless immediate access to the child is necessary to protect the child from imminent risk of physical harm and a disinterested adult is not available after a reasonable search.

IN ALL SITUATIONS, THE CHILD SHALL BE INTERVIEWED APART FROM THE PARENT OR PERSON RESPONSIBLE FOR THE CHILD.

Collateral Contacts and Consultation

The investigator shall

- make the appropriate collateral contacts
- seek consultation, as follows:
  - consult with the RRG, as appropriate, particularly in relation to substance abuse, mental health issues, or the child's special needs
  - when warranted, arrange for a medical evaluation of the child
  - confer with the supervisor regarding the
    - risks to the child
    - need to consider removing the child from the home
    - need for emergency services to protect the child
    - strategy of the investigation.

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Risk Assessment

The investigator shall assess the risk to the child and take action, as indicated.

Service Agreement/ Safety Plan

As necessary, the investigator may use the Service Agreement/Safety Plan, DCF-2166, to document what must be done by the parents or legal guardians and the Department to ensure that the children involved are safe and well cared for.

The investigator shall
- complete the DCF-2166 with the parents or legal guardians
- provide the parents or legal guardians with a copy
- file a copy in the Uniform Case Record
- note the use of the DCF-2166 in the LINK case narrative within three (3) days of the effective date of the agreement.

Documentation

The investigator shall document information gathered during the investigation in LINK, including the Investigation Protocol, DCF-2074, and case activity notes.

REQUIRED CONTACTS DURING AN INVESTIGATION

Required Contacts During an Investigation

Policy

During an investigation, specific procedures shall be followed regarding who will be interviewed, within what timeframes, and under what conditions.

Cross-Reference: *34-3-5, "Field Response"*

Purpose

Consistent and sustained efforts to accomplish contacts are necessary in order to

- respond to immediate child protection issues, and
- complete a timely and comprehensive investigation.

Documentation Regarding Contacts

The worker shall include documentation of the following actions in LINK:

- contacts completed
- attempts to make contacts
- supervisory decisions regarding contacts.

Contacts During the Initial Stage of Investigation

The initial stage of the investigation shall include a face-to-face contact with

- the child, and
- the parent or person responsible for the child's welfare.

Contacts During the Ongoing Investigation

The ongoing investigation shall include the following contacts, as appropriate to the child

- law enforcement to obtain criminal background information on all adults in the household and other adults with access to the child in the home
- day care personnel, pre-school or school personnel, including the child's teacher, school nurse or social worker
- the child's medical provider to obtain medical information regarding current and historical information
- any community service provider known to be providing services to the family currently or within the previous twelve months

Response Letter to Mandated Reporters

Policy

The Department shall provide mandated reporters with information regarding the acceptance and outcome of reports made by them in behalf of children and families.

Cross-Reference: *For a list of mandated reporters and the legal requirements regarding reporting, see 33-3, "Summary of Legal Requirements Concerning Child Abuse and Neglect."*

Response Letter to Mandated Reporters

The table below presents the procedures for sending a DCF-2122, "Response Letter to Mandated Reporters."

The letter must be sent twice:

- at the time of report acceptance
- at the conclusion of the investigation.

Person Responsible	Action
CareLine Worker	• Complete Sections (1), as needed; (2), and (7). • Submit the letter to the supervisor for approval.
CareLine Supervisor	• Approve and sign the letter. • Ensure that the letter is sent to the mandated reporter immediately at the time of report acceptance.
Investigator	• Complete Sections (3) - (6), as appropriate. • Submit the letter to the supervisor for approval.
Investigation Supervisor	• Approve and sign the letter. • Ensure that the letter is sent to the mandated reporter within ten (10) working days of the completion of the investigation.

Case Disposition

Policy

When the investigator and supervisor decide to transfer a case to a DCF service unit (e.g., in-home services, reunification, adoption) or to close a case, the worker shall take the actions presented in the table below.

> ***Note**: The Program Supervisor for the Investigations Unit must read and review the case prior to transfer.*

When the decision is to refer the case to another state agency or a community service provider for service, the worker shall complete a summary letter to that agency or provider. (*See requirements below.*)

Internal Transfer

Below are the procedures for transferring a case to a DCF service unit.

Person	Activity	Time
Investigator	Complete required case entries in LINK and forward to investigation supervisor for approval. ***Note**: The investigator shall maintain case activity responsibility throughout the seven (7) working day transfer process.*	Within five (5) working days of the initial decision to transfer the case.
Investigation Supervisor	Approve and transmit the LINK investigation information, and the uniform case record, to the Program Supervisor for Investigations.	Within two (2) working days of receiving the LINK case from the investigation worker.
Program Supervisor for Investigations	Read, review, approve and transmit the LINK investigation information, and the uniform case record, to the Program Supervisor of the designated service unit.	Within one (1) day of receiving the LINK case from the investigation supervisor.
Program Supervisor for the Service Unit	Read, review and transmit the case to the supervisor of the designated service unit. ***Note**: The Program Supervisor for the Service Unit is responsible for ensuring the case gets assigned to the on-going services worker within the specified time frame.*	Within one (1) working day of receiving the LINK case from the Investigation Program Supervisor.
Supervisor of the Service Unit	Read, review and assign the case to an on-going services worker.	Within three(3) working days of receipt of the case from the Program Supervisor

***Note**: The entire transfer process shall be completed within seven (7) working days of receipt of the case by the investigation supervisor. (LINK reviews may be completed by supervisors and Program Supervisors simultaneously.)*

Case Activity Responsibility

The investigation social worker shall maintain responsibility for case activities, including face to face contacts, until the case is received by the on-going services worker.

__Note__: The Program Supervisor for the Service Unit shall ensure the case is assigned within the seven (7) working day time frame.

Case Transfer Process

If a case transfer conference is required, the investigator shall

- schedule it at the time that the case is forwarded to the investigation supervisor
- notify all possible conference participants of the case transfer conference.

__Note__: A case transfer conference is always required for high risk cases.

__Cross Reference__: *34-17, "Case Transfer Conference".*

The case transfer conference shall be held within five (5) working days of the case being assigned to a social worker in a service unit.

External Transfer and Summary Letter

When a case is being referred to another state agency or community service provider for the provision of services, the worker shall complete and send a summary letter to that agency or provider within five (5) working days of supervisory approval of the decision to refer the case.

A copy of the summary letter shall be included in the LINK record.

The summary letter shall include, but not be limited to

- identifying information
- the reason for the report to DCF
- DCF investigation findings
- the reason for referral to the agency or provider
- an assessment of the family's needs.

__Important Note__:
__If the allegation is substantiated__, the summary letter shall include a clear statement requiring notice from a DCF funded provider (and requesting notice from all others) of failure by the parent/guardian to substantially address the reason for the referral to the agency or provider. The agency or provider shall send this notice to the Hotline as a report of neglect within twenty-four (24) hours of the agency's or provider's conclusion that the parent/guardian has failed to substantially address the reason for the referral.

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Case Disposition

Case Closing

If the decision is to close a case, the investigator shall complete the appropriate entries in LINK within five (5) working days of supervisory approval of the decision to close.

Cross Reference: *For instructions on closing a case, refer to Chapter 36, "Closing Process."*

Treatment Plans

Purpose

To establish the requirements and procedures for developing and updating written case plans for children and families served by the Department.

Policy

Treatment plans will be written and formally reviewed on all appropriate individual and family cases.

The treatment planning process and the resulting treatment plan are essential to sound case management and effective service delivery.

Every effort will be made to make this process and the development of the plan **inclusive**. Children, parents, and all appropriate service providers will be given the opportunity to participate.

Definition

The individual treatment plan or the family treatment plan is the written working agreement between the child, family, caretaker service provider and the Department Social Worker. This agreement describes and documents the child or family's service needs as well as what each party agrees is required to address the service needs.

There are three separate forms used in writing a treatment plan:

- the Initial Individual Treatment Plan (DCF-529-I)
- the Ongoing Individual Treatment Plan (DCF-529-OI)
- the Family Treatment Plan (DCF-529-F).

Function of the Treatment Plan

A written treatment plan is developed and used to:

- identify in a time-limited and goal-oriented format the problem areas, needs and proposed services to children, parents and caretakers who are involved with the Department

- document and describe reasonable efforts to prevent out-of-home placement of children

- define mutual responsibilities and expectations of children, parents, caretakers and service providers toward reaching identified case goals

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Treatment Planning Conference

36-5-3 Page 1 of 2

Conference Within Thirty (30) Days

A treatment planning conference shall occur within thirty (30) calendar days of the time a case is assigned to a treatment/voluntary services worker or a new case is opened in a treatment/voluntary services unit.

Conference Agenda

The treatment planning conference will be a significant precursor to the development of a treatment plan and at a minimum, the agenda for the conference needs to include:

- reasons for initial involvement
- synopsis of investigation worker's involvement
- a general statement of the problem requiring intervention
- an initial assessment of individual and family functioning including:
    - abuse/neglect/at risk issues
    - substance abuse history
    - significant medical concerns
    - mental health history
    - current acute or high risk behaviors
- each child, living in the home, shall be identified and his/her individual needs discussed
- the family's understanding of the presenting problem(s)
- child(ren)'s perception of the situation
- reasons for placement if applicable
- services such as:
    - community providers currently involved with the family
    - services needed to prevent placement and/or improve conditions in the home
    - if placement has occurred, services for the child and caretaker in order to maintain that placement
    - services required to facilitate reunification or movement toward a permanent plan.

Who Attends a Treatment Planning Conference

The treatment planning conference shall be attended by:

- the parent(s) or guardian(s). (Every effort will be made to schedule the conference at a time when the parent can attend. When possible, transportation and child care will be provided.)
- the child, if appropriate
- the investigation worker, or the worker who provided services to the child and family in their own home
- the assigned treatment or voluntary services worker and supervisor
- a representative of any community agency that is to be involved
- any member of a Regional Resource Group, community consultant or professional (e.g. medical provider, psychologist, etc.) with knowledge of the child or family's problems or services needs. Any such person who may be involved in assessing needs or providing services.

Combining the Treatment Planning Conference and the Case Transfer Conference

When appropriate, the treatment planning conference can be combined with the case transfer conference. If this plan is considered, the resulting conference shall be attended by all those individuals identified as attending the treatment planning conference. In addition, the following persons shall receive a written invitation to attend the conference:

- the parent(s), adolescent child, and attorneys for the parent and/or child
- any professional (e.g., medical provider, psychologist, community consultant, etc.) who participated in any aspect of the investigation.

Note: A copy of this notification shall be filed in the uniform case record.

Time Frame for Case Transfer Conference

The case transfer conference, if required, must be held within five (5) working days of the case being assigned to the treatment or voluntary services worker.

Initial Treatment Plans

Time Frame

The Initial Individual Treatment Plan (DCF-529-I) and the Family Treatment Plan (DCF-529-F) shall be completed no later than ten (10) calendar days following the treatment planning conference.

Components of the Plans

The components of the treatment plans are as follows:

- reasons for providing services to each child and family
- reasons for commitment if applicable
- assessment provisions including:
    - a problem statement
    - steps to be followed with timetables for commencing and completing each step
    - the Department's responsibilities to accomplish each step
    - the responsibilities of the child and parent(s) to accomplish each step
    - identification of any professionals involved in assessing the child or family
    - the time frame for completing the assessment
- specific services provided prior to implementation and during the assessment period
- goal of the plan
- written, observable, measurable goals to be achieved by the child and/or parent
- steps and time frames for achieving the goals
- a clear statement of the responsibilities of the:
    - treatment/voluntary services worker
    - parent
    - child
    - foster parent
    - regional resource group, community consultant and community service provider

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Components of the Plans (continued)

- agreements reached between the treatment worker and community service provider
- a detailed visit schedule between the Department staff and family members including seeing children alone and talking privately with them
- where appropriate, a medical and mental health plan
- a list of all services needed by the parent and/or child whether or not the service is available.

Note: Services needed but not available shall be documented on Services Needed but not Available [DCF-2072(b)].

Who Signs the Plan

Plans shall be dated and signed by:

- the treatment/voluntary services worker
- the treatment/voluntary services supervisor
- any member of the Regional Resource Group
- any community consultant or provider involved
- parent(s)
- adolescent children.

ADMINISTRATIVE CASE REVIEW

Attendance at an Administrative Case Review

36-11-4 Page 1 of 2

Policy

An ACR requires mandatory attendance of designated DCF staff.

Other persons involved in the case are invited to attend.

Mandatory Participants in an ACR

The following persons must attend the ACR:

- the administrative case reviewer
- the DCF Social Worker whose case is being reviewed
- the supervisor of the above Social Worker
- any member of the Regional Resource Group, a community consultant, support-staff worker, and/or community service provider who has participated in any aspect of the case in the seven (7) months prior to the review
- the adoption specialist, only if there has been a judicial decision to terminate parental rights.

Those Who Must Be Invited to the ACR

The following persons must be invited to the ACR:

- the child's parents unless the parents' rights were terminated
- the child, if age twelve (12) or above
- the child's foster parent or residential care social worker
- the parents' counsel
- the child's counsel
- the child's guardian (ad litem)

TREATMENT PLAN MONITORING

Responsibilities of Treatment Worker

36-15-1 Page 1 of 2

How to Monitor Implementation

Treatment workers shall monitor implementation of the plan through:

- a review of required written reports submitted by professionals
- attendance at case conferences and other meetings, and
- visits and telephone contacts with the following:
    - birth parent(s) when the plan is "maintain at home" or "return home"
    - relative(s) when the plan is "return to relative"
    - foster parent(s) or residential caretakers when the child is in placement
    - pre-adoptive parent(s) when the child is in a pre-adoptive home
    - the child
    - members of the regional resource group, community consultants or service providers providing assistance achieving the goals of the plan.

Frequency and Type of Contact

Contact in person with the birth parent(s), pre-adoptive parent(s), relative(s), foster parent(s), or residential caretakers shall occur **at least once each week** for the first thirty (30) days after a case is transferred to, or opened in, a treatment unit.

After the first thirty (30) days, weekly contacts shall occur, with telephone contacts alternating with visits.

During each contact, the treatment worker shall ensure that she/he sees and talks to the child alone.

The treatment worker shall have in-person or telephone contact with any professional assisting with the services for the child and birth, foster or pre-adoptive family at least once each week for the first month and bi-weekly thereafter.

The treatment worker shall use the Case Activity Notes form (DCF-2024) for documenting implementation of the treatment plan.

Case Contact Logs

Types of Contacts to Log

Treatment workers shall maintain case contact logs, using Case Activity Notes form (DCF-2024), in which are listed all:

- in-person contacts
- telephone contacts, and
- written communications with:
  - foster parents
  - birth parents
  - the child, and
  - health care providers.

Documentation

Required documentation shall include the:

- date and time of all contacts
- person with whom the contact occurred
- method of contact (e.g., in-person or telephone)
- purpose of contact (e.g., to discuss progress in a service program)
- outcome of the contact (e.g., a community service provider reports that the client is attending all parent-education sessions).

__Cross-Reference:__ Please refer to Chapter 31, Administrative Issues, for the policy on case activity notes (case contact logs).

Problem Solving and Amendments

Policy

All reasonable efforts need to be made by the treatment worker to resolve any problem identified through required monitoring.

Propose a Solution

The treatment worker, or professional service provider, upon identification of a problem in achieving the goals of a treatment plan, shall propose, in writing, a solution which may include the immediate provision of additional services.

Convene a Meeting

If the proposed solution is not acceptable, does not resolve the identified problem or is not possible to implement, the treatment worker shall convene a meeting within ten (10) working days of the written problem identification.

The meeting shall be attended by:

- the treatment worker
- the treatment worker's supervisor
- the professional whose report triggered the meeting
- additional service providers as required
- the parent(s), youth/child, attorneys for the parent or child who shall receive a written invitation and be encouraged to attend.

Amendments to Treatment Plans

The progress of a Treatment Plan is recorded in the LINK narrative.

Any minor modifications of the plan shall be noted in the narrative and captured by an interim contract or plan amendment involving the parties impacted by the change, to further document and clarify understandings.

Any change in the Treatment Plan shall result in a written amendment which shall be appended to the Treatment Plan. The amendments shall conform to all applicable provisions for plan development.

Cross-Reference: *36-15-5.1, "Service Agreement/Safety Plan"*

Updated Treatment Plan

Any change in the goal or plan outcome of the Treatment Plan (i.e., return home changes to adoption) shall result in the writing of an updated Treatment Plan and a planning conference.

Non-Compliance with Treatment Plan

If a parent is not in compliance with Treatment Plan requirements, the treatment worker shall consult with his/her supervisor, the assistant attorney general and RRG members as appropriate, to determine if petitions should be filed in Superior Court for Juvenile Matters. The case shall be reviewed to determine if the need for department involvement still exists. If the need for involvement exists, petitions shall be filed to ensure family compliance with the Treatment Plan and to provide an additional level of review of the plan and of the child's safety.

Placement Disruption Conference

36-55-20 Page 1 of 2

Policy

A case conference shall occur if any child has experienced two (2) foster home disruptions within an eighteen (18) month period for reason related to the child's behavior or condition.

Disruptions Requiring Conferences

A disruption conference shall be required by two (2) or more foster placements resulting from

- disruptive /harmful behaviors of a foster child which
  - cannot be adequately addressed by the foster parent
  - the foster parent is unwilling to tolerate in their home
- any medical (physical) condition beyond the monitoring and treatment abilities of the foster family

> *__Note__: Disruptive behaviors include those which pose safety concerns for the child or foster family members and are the result of a mental or emotional disorder, or substance abuse.*

Disruptions Not Requiring a Conference

A disruption conference shall not be required for planned moves resulting from

- initial emergency placements
- changes in permanency planning
- life changes within the foster family
- respite requests.

Conference Attendees

The disruption conference shall be attended by the child's worker, the worker's supervisor, any appropriate community service provider, a FASU worker, any member of the Regional Resource Group or community consultant whose expertise is needed to plan for the child.

Conference Determination

The conference shall determine whether:

- it is in the child's best interest to place him or her in another foster home
- a different type of placement setting may be more appropriate
- a decision shall be deferred for a period not to exceed sixty (60) days pending a special evaluation of the child.

Implementation

The conference decision shall be implemented within ten (10) working days when:

- the child's worker will arrange for any needed evaluation, or
- the FASU matcher shall locate a new placement for the child.

Special Evaluation

If the child requires a special evaluation, the conferees shall reconvene and a plan regarding placement shall be made within five (5) working days of the receipt of the evaluation results.

Plan Goals

Immediate steps shall be taken by the worker to achieve the goal(s) of the plan.

Documentation

All consultations between the child's worker, supervisor, and FASU workers shall be documented in the LINK narrative under Case Conference/Consultation.

LINK documentation shall include participants, discussions and final plan/outcome.

The narrative shall be entered into LINK within three (3) days of the Placement Disruption Conference.

CASE CLOSING

Review Process

Review Questions

An essential part of the planned review will be consideration of the following points:

- Is/are the child(ren) now in a permanent and adequate environment?
- If the family has any continuing needs can these be adequately met by another agency?
- Will the child and family follow through in working with such an agency without the impetus of Protective Services authority?
- Is there an appropriate agency which will accept the child and family for service?
- Are there additional ongoing safeguards that can be arranged for the child(ren) in the family?

Referral to Another Agency

If the decision is made to close the Protective Services case after referral to another agency, the case record must fully document the understanding reached with the child and family and the other agency.

If Payment Involved

If the closing of the Protective Services case involves a discontinuance denial, termination or suspension of any money payment, appropriate W-848's (Sockwell decision) must be utilized.

TREATMENT PLAN MONITORING

Responsibilities of Service Providers

Policy

All service providers under contract to provide services to DCF clients shall submit written reports as specified on DCF-2164, "Request for Provider/Client Information and Reports" to aid in monitoring client progress in obtaining treatment goals and for developing updated Treatment Plans.

Initiating the Reporting Process

The DCF social worker shall send contracted service providers a DCF-2164, "Request for Provider/Client Information and Reports"

- to activate the reporting process
- when the social worker
  - refers a client for services as part of the referral packet
  - becomes aware a client is receiving services from a contracted provider (the worker should first review the case record to determine if a request for reports has been previously made, if no request was made, the form should be sent)
- to specify what information regarding the client is being requested (i.e., progress reports, attendance status, identification of additional problems/issues).

Child Not Committed nor Under an Order of Temporary Custody

If a child is neither committed to the Commissioner of DCF nor under the care of the department through an Order of Temporary Custody, form DCF-2131, "Authorization for the Release of Information", signed by the child's parent or guardian, shall accompany DCF-2164, "Request for Provider/Client Information and Reports".

Ninety-Six (96) Hour Hold

If a child is under the care of the department through a ninety-six (96) hour hold, the worker shall make all reasonable attempts to obtain the consent of the parent(s) on the form DCF-2131, "Authorization for the Release of Information". If the worker is unable to obtain the parent's signature, the worker may sign the release form if the information is being sought for the child's immediate care.

Failure to Provide Reports

If the reports are not submitted per the signed DCF-2164, "Request for Provider/Client Information and Reports" and the service provider is not responsive after the first reminder by the social worker, the Regional Community Service Unit shall intervene upon notification of the problem.

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Service Providers Not Under Contract

Written reports shall be requested from service providers who are not under contract with the department.

When negotiating a contract or Personal Service Agreement for the provision of a service, the department shall indicate reporting needs and requirements as stated on DCF-2164, "Request for Provider/Client Information and Reports".

If a client is receiving services from a provider with no DCF involvement, the social worker shall request relevant information regarding the client's progress through the use of form DCF-2131, "Authorization for the Release of Information", to be completed with the assistance of, and signed by, the client.

Treatment Planning Conference / ACR Attendance

If the department is funding a service, the service provider shall attend the treatment planning conference, the Administrative Case Review and all other required meetings. If attendance at a conference or meeting is not possible, the service provider shall provide a written report regarding their position on the treatment plan or ACR and shall attempt to be available by telephone for conference calling.

Documentation

The social worker shall be responsible for documenting in LINK

- the date the DCF-2164, "Request for Provider/Client Information and Reports" was sent to the provider
- date reports were received from the provider
- reports were reviewed and their implications for the Treatment Plan
- date social worker reminded provider if reports were not received as required
- date Regional Community Service Unit notified of problem, if necessary.

A copy of DCF-2164, "Request for Provider/Client Information and Reports" and any reports received shall be filed in the Planning section of the Uniform Case

DCF-2164
8/99 (New)
file: Planning

State of Connecticut
Department of Children and Families

Date:________

REQUEST FOR PROVIDER / CLIENT INFORMATION AND REPORTS

The ____________________ shall supply, through ____________________
(name of organization) (name of individual provider)

to the Department of Children and Families ____________________ written reports
(name of DCF social worker)

regarding ____________________ every __________ days.
(name of child / parent / family) (specify number)

The written reports shall include the following information (check all that apply):

☐ Assessment of child/parent/family
☐ Child/parent/family current situation
☐ Child/parent/family utilization of service
☐ Visitation plan/frequency
☐ Problems in providing services to child/parent/family
☐ Services needed but not available to child/parent/family

☐ *Quarterly treatment plan/progress summary developed by service provider agency if it contains the following:
- client and program name
- date report completed
- number of contacts scheduled; number kept
- period covered by report
- list of client goals
- progress toward goals
- typed name and signature of provider and date

☐ Other: ____
____

The Department of Children and Families, through the above named social worker shall notify the service provider when significant case changes occur, i.e.:

- Worker Change
- Change in Family Constellation
- Case Closing
- Legal Status of Child(ren)
- Change in DCF Treatment Plan

Please return this information to: ____________________
(DCF social worker)

____
____
(Regional Office Address)

This requirement shall remain in effect during the time the child/family is involved with the Service Provider.

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* Treatment plan/progress summaries developed by agencies are acceptable as reports if they include all information requested by DCF.

TREATMENT PLAN MONITORING

Problem Solving and Amendments

36-15-5 Page 1 of 2

Policy

All reasonable efforts need to be made by the treatment worker to resolve any problem identified through required monitoring.

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Amendments to Treatment Plans

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Cross-Reference: *36-15-5.1, "Service Agreement/Safety Plan"*

Updated Treatment Plan

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W-1058
(New 5/97)

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

PURCHASING REQUISITION FORM

TO: Central Office Purchasing Unit
25 Sigourney Street - 7th Floor
Hartford, CT 06106-5033

FROM: Grace Whitney

DATE: 8-30-02

APPROVED BY: ______________________
RA/Director Signature Required

Commodity/Service to be Purchased: printing and binding of 2 reports DCF/ Head Start
500 books (See attached)

Purchase Justification: needed for dissemination purposes - both state and national

Vendor *(if known)* ______________________

Vendor Address ______________________

Vendor FEIN ______________________

Estimate of Cost $3,000

* Funding Source: SID 902
Function 0010
Activity ______________________

Jn-20

* See Legend

DO NOT WRITE BELOW THIS LINE

FOR OPERATIONS USE ONLY

# 6498

# ______________________ DP/PO

______________________ *Signature*

______________________ *Date*

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DCF/Head Start – Protocol for Working Together

- Hard copy only
- Print cover on pale yellow and keep lettering and child figure identical to original, including color
- Color print index identical to original
- Spiral bind like sample (Head Start in Minnesota) – red if possible for spiral

* heavier paper for cover.

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EFF-089 (1/2003)